

THE GOOD NEWS ABOUT NATURAL AND WEAPONIZED VIRUSES

(They are going away forever)

Version 200529

Stephen Baker

With Assistance and Advice from
Dr. Anthony Faro, BS, MS, DC, DABCI
And several knowledgeable friends
who wish to remain anonymous
and many online sources.

Please read the cautionary notes on the next page.

If you want to zero in on specific information, check the Table of Contents.

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My name is Stephen Baker. As of the date of this document, I am in my late 60s and in good health. I have spent many years informally studying what good health is and how to be in good health, so I am a knowledgeable layman. However, I'm not a doctor. The material in this document is for informational purposes only and contains my opinions about how any person might successfully prevent or treat the Covid-19 infection, especially if doctors and hospital services and facilities are overwhelmed by people who are truly ill. Many of the ideas and suggestions in this document are ones I have used or tested or investigated for myself, and all are methods I am willing to use myself if they are needed and are available at the time.

Just as I do, you can use some of these methods without seeking a doctor's advice or approval. For example, everyone knows that Vitamin C can help treat an illness, and items like liposomal Vitamin C can be purchased in many places without a prescription. Other methods here do require the approval and participation of a skilled healthcare practitioner for proper administration of the therapy. In all cases, however, I strongly recommend that you do as I do: Work with qualified personnel whenever possible.

Note that for some items discussed here, I have been able to enter specific products with UPC codes that I use to find and buy them. You are welcome to use these codes to see examples of what I use myself or to find equivalent products elsewhere, so that you will have some information you can discuss with your healthcare practitioners. For some items mentioned, I did not enter a specific product or UPC code, so you will have to search out those products yourself. ALWAYS read the product's ingredient list and buy products with as "clean" an ingredient list as possible. If you find a product with inactive constituents, go online and research each of them to see if they are helpful, neutral, or toxic. Be knowledgeable about any method or product before you use it.

Consult your healthcare experts and doctors whenever possible.

Responsibility for the quality of this document rests solely with me.

The decision whether or not to use any of the products or therapies that are discussed in this document rests solely with you.

YOU MUST VERIFY EVERY RECOMMENDATION FOR YOURSELF.

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Since my knowledge about SARS-CoV-2 and its accompanying disease, Covid-19, expands over time, I have in the past occasionally published new and improved versions of this document. I want to continue that process into the future, and that necessitates that I have a means to alert people who may have downloaded a previous version as to which portions of this document have been changed (or corrected!). I hope this approach will make your process of staying current with this document easier.

Since this Version is my first published version, there are no changes or errata.

FOREWORD

When I wrote my first version of this document in April, 2020, I knew a fair amount about the SARS-CoV-2 virus and how it could kill a person but not all that much about *verified* ways to fight it off or cure it.

In researching further and watching for good research or for stories that had intriguing implications, I have slowly come to the conclusion that there is enormously good news coming from our experience with Covid-19:

If we all play our cards right and push for the widespread adoption of certain healing strategies for viral illnesses, I believe we can enter a world where suffering and death from viruses will be greatly reduced almost to the point of elimination.

I realize that is an incredible claim, but the evidence is there.

What you are about to read will in certain sections be pretty scary stuff. The SARS-CoV-2 virus is a most unpleasant entity, a weaponized virus that can kill a vulnerable person in half a dozen nasty ways. It is certainly true that if at all possible, you do not want to get infected by it.

Other sections of this document will appear to be pretty complicated. Keep at it and keep your eyes open for how these various healing treatments for Covid-19 could in fact help you and everyone else prevent or easily treat not only the SARS-CoV-2 virus but pretty much every other virus as well.

I hope by the time you have finished reading the document that you will feel as I do, that some very positive and hopeful news is available to us all.

If we continue to seek good treatments and demand that our doctors and the healthcare system provide those treatments (a non-trivial task), suffering from viral illnesses should fade away over the next couple of decades, never to return.

Wake up! Our new and better world is already here in nascent form. We just need to spread the good news about the best treatments so that all of us anywhere in the world can benefit from them.

CHAPTER 1

INTRODUCTION

Viruses have been around for a very long time. As a general class of infections, much is known about treating viral illnesses, even severe ones. Some of those treatments are provided by healthcare practitioners within the current official medical system, and frankly, many of those are not very effective. Fortunately, alternative and new treatments that are both effective and largely non-toxic are slowly becoming more broadly available, sometimes outside the official system through social acceptance and increasingly inside that system in experimental form.

I have decided to write this document because of the current SARS-CoV-2 coronavirus that is sweeping across the globe. After much research I have concluded that SARS-CoV-2 is probably a bioweapon that was released (accidentally?) in the Wuhan area of China around October of 2019.

Although I originally believed that it didn't really matter whether this virus was a natural virus or a bioweapon, I must now say that this stance was at least somewhat incorrect. In developing a treatment protocol, it matters a great deal that it is a bioweapon. However, and this is very important to remember, developing successful treatments for SARS-CoV-2, a virus "on steroids" as it were, will create many good treatments for most or all other viruses we currently suffer from. Therein lies the good news.

From what I have seen, once a person gets fully infected by SARS-CoV-2, damage will occur even if the case is mild. In mild cases the degree of damage will be small. In more severe cases the degree of damage will be quite significant. Additionally, I remain entirely unconvinced as to whether an apparent cure is an actual cure. There are signs that full immunity is not achieved in some cases and possibly that the immune system may only be able to suppress the viral count, not eliminate the virus from the body entirely (a phenomenon apparently known as "immune escape").

That means that prevention is by far the best approach. Failing that, upon infection a patient must either continue some form of suppressive treatment for the rest of their lives to avoid further damage, or the patient must seek out methods of treatment that can expunge the virus from the body completely. I'm happy to say both types of treatments are available.

CHAPTER 2

GENERAL PROTECTION FROM COVID-19 DISEASE

Some general guidelines I follow for reducing the likelihood that I will get infected by the virus and get Covid-19 are ones we are all familiar with:

- I need to learn to keep my fingers away from my various mucus membranes, since that is a prime avenue of entry for Covid-19.
- I will use a mask when appropriate but not otherwise, unless required by law or by private property owners who insist on it. Virus particles are so small that masks normally used provide no barrier – they just go right through the holes in the mask that I use to breathe through or around a mask that is not properly sealed around its edges. So what are masks good for? The answer is that most masks are good only for stopping saliva droplets or droplets from sneezing and coughing. If I speak loudly or sneeze or cough, my mask will catch most or all of those particles so others will not breathe them in if they are near me. Likewise, if someone near me sneezes or speaks loudly to me without a mask on, my mask will catch most or all of the droplets he expels that might otherwise land on my nose or mouth. That's the only time a regular mask is at all useful!
- I know that wearing a mask when healthy is usually a bad idea, so I don't do it. The problem is that my breath and saliva are moist and contain viruses and bacteria that are inside me but are kept under control by my immune system. When I wear a mask full-time, those viruses and bacteria collect on the inside of my mask in the moisture and saliva I inevitably deposit on the mask. That is the perfect environment for those viruses and bacteria to replicate, and I then breathe them back in, putting an unnecessary and possibly significant burden on my immune system. If I am required to wear a mask for long periods of time, I will only have it up over my mouth and nose when in close proximity to other people, while pulling it down so it can dry when away from people. My default is, when healthy, I don't wear a mask unless I am near others in an enclosed space.
- I already wash my hands often with regular soap (not anti-bacterial soap), but now if I have any concern, I wash my hands frequently. According to the normal method, I wash my hands for at least 20-30 seconds or enough time to sing the Happy Birthday song twice. This is particularly good advice for viruses that are encased in a lipid covering, like SARS-CoV-2,

since the soap acts to remove the lipid coating, making the virus vulnerable to destruction.

- Social distancing and not touching people or handling objects or touching surfaces that might be contaminated is not second nature to me, but I have been practicing. I have generally been using nitrile gloves when I go shopping, since many surfaces like shopping cart handles remain in not-cleaned state and could possibly hold viruses deposited on them recently.
- I have not yet really begun to work out how my process of traveling will have to be altered. How would I know that a hotel room has been cleaned? What about the back seat of a taxicab or Uber ride? Airplane seats and tray tables? TSA check-in buckets? Airport bathrooms? So far, I have heard both that the virus lasts for a long time on surfaces and that it does not last on surfaces for more than a few minutes. For instance, I have found out that a German researcher tested this hypothesis (that the virus lasts on surfaces) and found it to be untrue, that in fact the virus does not live for long on any surfaces. The issue remains open and is an important one to resolve, because it directly affects just how careful we will need to be when outside our homes. If the virus does not live on surfaces for more than a few minutes, then many concerns about moving around and traveling will dissipate, and we can be much more confident and free in our traveling.

Now I want to explore more specifically some aspects of this virus.

- The SARS-CoV-2 virus spreads easily in close quarters but not outside. It infects both the upper and lower portions of the lungs on both sides, engenders release (“sheds”) easily to infect others (particularly with a long asymptomatic period), encourages secondary lung infections, and causes damage to multiple organs including myocardial, kidney, vascular, and central nervous system damage. A formidable picture. [[Note 2-CNS]]
- At first infection or at re-infection, it appears to trick the immune system in a way that allows it to hide from the immune system for a while, for example by allowing the virus to build up a large population in the throat before the immune system begins to see it and react to it. (Perhaps treating any throat discomfort with heat and antivirals might diminish the severity of the later symptoms.) There are also indications that the virus can “immune escape” in some tissues by fooling the immune system into

ignoring the virus in those tissues. That means that an apparent cure may not be an actual cure but rather just a temporary suppression of viral expression.

- Recent information is saying that the virus itself triggers the cytokine storm mechanisms of the immune system, something normally done by the immune system only under great stress. (The virus's ability to trigger that process needs to be interrupted.)
- It appears that the virus may act somewhat like malaria, which damages the body's ability to spread oxygen around the body due to destruction of hemoglobin and damage to Red Blood Cells (RBCs), a kind of damage that takes the body a relatively long time to correct. Also, this kind of damage can cause free iron to run loose in the vascular system, causing all sorts of inflammatory havoc. Recent information I have seen is more hopeful, and on that basis, I am theorizing that the virus may not actually damage the RBCs and their hemoglobin (as happens in malaria) but may simply "interfere with" the functioning of RBCs, taking them "offline" if you will. If so, the death of the virus doing the interference would restore the RBC to full function, allowing rapid healing even if a patient is very far gone into hypoxia or anoxia. Whatever the case here, ventilators generally should not be used. Less invasive mechanisms for oxygenating patients should be used in almost all cases. (As we will see later on, treatments that oxygenate the body are enormously promising against any virus.)
- Early on, I heard that the virus may create a relatively ineffective self-vaccination, such that exposure to a mutated variant even as little as a few weeks later could allow reinfection. I have not been able to verify that, and the variants in the USA do appear to create useful antibodies. This is an important issue to resolve. I'm thinking now that cases that appear to be indicative of ineffective antibodies may actually turn out to be cases where the virus has benefitted from the immune escape phenomenon.
- We are also dealing with more than one variant of the virus. Different variants have different characteristics and can be different in their virulence. It is also coming clear that a patient can end up being infected by more than one variant at the same time. [[Note 2-VAR]]
- Serious infections seem to take a fairly long time to play out, so is that just an indication that the virus is replicating smoothly over that time, or are

some patients seeing a first surge that is successfully suppressed but not eliminated (“cured”), leaving them open to a second round of illness as the virus resurges? If one has a first infection and appears to get better, that may simply be the improvement many people see partway into their longer case and not an assurance that they are fully well. In addition, there are indications that even “cured” patients no longer showing symptoms or who are testing negative may in fact be harboring small active infection sites deep in the body which are continuing to do damage. Much of this evidence comes indirectly at this point, meaning it shows up as heart attacks and strokes well after the virus has supposedly been cleared. It can be difficult or impossible to tell whether that heart attack or stroke would have happened anyway in the absence of a Covid-19 illness or was actually caused by it. Recently, the military has put out a notice that anyone who has had Covid-19 will not be allowed to enter the military, and I can only speculate that this notice is due to the hypothesis I have mentioned here, that continuing hidden infection sites may exist in some people even after the virus has been cleared according to tests and symptom relief.

- Most people who get the really serious cases have other health problems. As far I can tell, by far the most significant two problems are high blood pressure and Type 2 diabetes (T2D).

- 1) The former may be correlated more to the treatment for high blood pressure, which is often an ACE inhibitor drug. The SARS-CoV-2 virus specifically targets ACE2 receptors in the body. When someone with high blood pressure takes an ACE inhibitor (which suppresses ACE1 receptors), the body responds by over-expressing ACE2 receptors, making the patient more vulnerable.

- 2) The latter reason, which involves mostly those with T2D, indicates a problem with Vitamin C, a problem that keeps Vitamin C from helping even when C is available in the blood. Also, the problem with T2D patients indicates a possible deficiency in Thiamine (Vitamin B1) which is used up when a person consumes a lot of carbohydrates or worse, sugary junk food. It's almost as if this virus is designed to target people eating bad diets.

- One item I was originally concerned about was whether or not SARS-CoV-2 was a retrovirus. If it were a retrovirus, that would have greatly complicated treatment, because a retrovirus injects some or all of its viral “code” into the patient’s own DNA. Eradicating the disease after that process is far more complicated. I have since found out that the virus is not

a retrovirus. As such, I feel confident that if we develop the right treatment protocol, we should be able to completely expunge this virus from the body.

I believe the most important conclusion here is that I need to (1) find ways to prevent infection in the first place, and (2) determine the specific pathways this virus uses in attacking the body so that those pathways can be interrupted once an infection begins, preferably with methods that can be used for the remainder of the patient's lifetime to prevent resurgence.

My conclusion is that the SARS-CoV-2 virus must be expunged from the body completely for true healing to occur. **Prevention is far better** than having someone get the disease and then try to cure it.

CHAPTER 3

HOW SARS-CoV-2 CAN KILL

As of May, 2020, I have found out that this virus has at least five ways by which it can kill someone. As far as I know, this is either extremely abnormal or unique among natural viruses. I've heard that natural viruses generally have only one mode of action. The fact that this virus has at least five ways to kill someone is the principal virus-specific reason why I believe that it is a bioweapon.

To prevent the SARS-CoV-2 virus from infecting me or to treat the Covid-19 illness that follows from a successful infection by this virus, I'm going to have to create for myself a holistic program (1) that covers all these modes the virus uses and (2) that my body can tolerate over long term use. Fortunately, a program of this type should also pretty much eliminate illnesses caused by most other viruses.

Mode of Attack #1 – Lung Damage: The virus is known to target ACE2 receptors to enter the body's cells. One of the largest concentrations of ACE2 receptors is in lung tissue. Once the virus drops down from the initial infection area in the throat into either the lungs or the intestines, it binds to the ACE2 receptors in lung or intestinal tissue. The damage to the gut does not appear to be life-threatening in itself, but it can be a serious symptom in the disease and make the case prognosis more difficult. The infectious material in the lungs poses a far more serious and direct threat to the life of the patient. It does this in two ways. The first is direct damage to the cells lining the lungs. (See the next Mode for explanation of the other threat.) If sufficient damage occurs to that tissue, the ability of the lungs to absorb oxygen declines and the damage can be permanent. It turns out that men have more ACE2 receptors than women. The more ACE2 receptors someone has, the more likely someone is to become infected, all else being equal, and the more severe an infection is likely to be.

Mode of Attack #2 – Sepsis/Inflammation: In many severe illnesses the immune system can, in effect, panic and mount an enormous immune response when it sees body-wide infection. That response can cause so much damage itself that organs fail and the patient dies of sepsis, not the illness. Another name for sepsis is 'cytokine storm.' The SARS-CoV-2 virus hijacks that response by directly triggering that response. It may sound counterproductive for the virus to do this, but in effect, by triggering this

response, the virus actually makes it more likely that tissue damage and death will eventually occur. For example, when the virus triggers the immune system cells called inflammasomes in lung tissue, the resulting cascade of powerful cytokines so inflames that lung tissue that it begins to leak fluid into the lungs (providing the underlying conditions for secondary infections like pneumonia) and to so inflame that tissue that the delicate lung tissue begins to break down. Again, this damage can be permanent and cause long-term breathing problems. When the virus attaches to ACE2 receptors in the walls of our arteries and veins, it infects cells in those walls and triggers large-scale inflammation which damages those walls and can harm the heart itself. This can result in system-wide generation of micro- and macro-clots until that inflammation can be tamped down (see next Mode for clotting issues).

Mode of Attack #3 – Generation of Clots: It is apparent that the virus causes large-scale and long-term clotting problems. This comes from at least two sources of trouble, both of which cause extensive damage to artery and vein walls. The first source, discussed in Modes 1 and 2, is inflammation caused directly by the virus, as it kills cells in these walls and when it triggers inflammasomes to release their inflammatory cytokines. The second cause is indirectly from Mode 4 below, where iron may be liberated from red blood cells damaged by the virus. Free iron is extremely inflammatory in its free form, and the iron ions in the blood create serious inflammation along the walls. Whatever the source, this inflammation of vascular tissue can cause severe clotting problems. When clots are generated, there is great risk that those clots will lodge somewhere in capillaries or larger arteries or veins or in the brain and cause strokes and related damage. Experience shows clotting can be a significant issue and must be addressed, and the damage from it is a long-term problem. Treatment must continue after the patient is apparently cured, until the inflammation and the damage done by the inflammation can be repaired by the body.

Mode of Attack #4 – Asphyxiation: Tentatively, it appears that the virus can get into a patient's red blood cells (RBCs) and attack the cell's hemoglobin, breaking it apart and releasing the heme iron into circulation. As more and more RBC's lose their hemoglobin molecules, the lower the body's ability to carry oxygen becomes. As the body's ability to carry oxygen declines, the closer the person comes to dying. Even if the viral load is completely cleared from the body, the difficulty in getting oxygen into

tissues will remain for weeks while RBCs are slowly replenished from the bone marrow. The only way I know of to rapidly renew a person's ability to carry enough oxygen when a large number of RBCs have been wrecked by Covid-19 is to perform a large or total blood transfusion to replace the patient's destroyed RBCs, a very unpalatable solution. Fortunately, more recent research indicates that the damage done may not be so catastrophic. There is a possibility that the damage done may be more like an interference that prevents oxygenation rather than widescale wrecking of the RBCs or their hemoglobin.

Mode of Attack #5 – Damage to Nerves, Brainstem, and CNS: Word about this problem has only started circulating in earnest recently, as far as I can tell. It appears that the virus infects and damages nerves, and that it can “follow” certain nerves into the brain, where it tends to concentrate in the brainstem, causing ataxia, disorientation, and numerous other such problems about which I am not an expert at all. Not only is this difficult to treat directly, but it is also the case that someone who recovers from the illness with brainstem or other such damage may still have a number of issues related to this damage.

The above list is much more extensive than would be the case for a natural virus. It means that a protocol for treating a Covid-19 illness is going to have to be considerably more complex than normal. It is also true that expunging the virus from the body is a very desirable goal, because we simply do not know if reinfections or resurgences from hidden pockets of ongoing infection after a case is supposedly cured could result in even more serious damage at some point in the future.

To repeat the good news, though -- if we can figure out how to expunge this virus from the body, we should be able to expunge pretty much all of the natural viruses we have had to cope with until now.

CHAPTER 4

HOW TO PREVENT OR TREAT A SARS-CoV-2 INFECTION

In this chapter (which is a long one), I'm outlining essentially two strategies to follow, and both are valid. The first strategy calls for strengthening the body, particularly the immune system, to prevent the virus from getting a foothold. The second strategy provides treatments that can help fight the Covid-19 illness that can occur if the virus gets through our defenses.

I then will lay out three Approaches that answer to these two strategies:

Approach #1 is designed to harden our bodies and prevent infection.
Approach #2 contains many ideas for fighting the virus at home.
Approach #3 covers treatments if hospitalization becomes necessary.
At the end of the chapter I have a few extra comments.

Before getting to the Approaches, let me outline the two strategies.

Strategy 1: Harden the body to fend off infections

To set the core of the first strategy and get some good news, I want to give you two basic pieces of information that are incredibly positive.

Three different sets of researchers in the US and Europe have analyzed people who went to the hospital to get treatment for a Covid-19 infection (look online for more information). The researchers wanted to see what their patients' Vitamin D₃ and/or Vitamin C levels were at the time they arrived at the hospital and how their path went after arriving.

The earlier two studies showed that essentially nobody with a Vitamin D₃ level above 40 ng/mL or/and a Vitamin C level over 1.0 mg/dL even showed up at the hospital in the first place. This is hugely positive news. Another study of D₃ levels and outcomes showed that even D₃ levels above 30 ng/mL were sufficient for significant decreases in disease severity, although a few patients above 30 did end up critical or severe. The most interesting result of these studies was that the people studied were not split out by age, meaning that even elderly people benefitted strongly from D₃.

Of course, in general, people with high Vitamin C and D3 levels only get those high levels by supplementing at least with C and getting lots of sun for the D3. This likely means that these are people who pay attention to their diet and supplement with more than simply Vitamin D3 and C.

Those that did present at the hospital with low levels of these nutrients generally were obese and eating bad diets, and they had a very rough time. The worse their readings for C and D3 were, the worse their experience was and the more likely they were to die.

This means that our first strategy starts by taking enough Vitamin C and Vitamin D3 to assure that we either will never even get infected with the virus or that we will have such a mild case that hospital visits are simply unnecessary for us.

Strategy 2: Work out or find protocols for treating Covid-19 successfully

If we follow Strategy #1, we are already very unlikely to either become infected or to suffer significant problems if we do get infected. However, it is also important to develop an effective treatment protocol that we can follow if we do end up infected and get noticeable symptoms. We need a list of specific actions and substances we can take to assure us that if we for some reason do get infected, we can treat the illness quickly and easily.

The remainder of this document, particularly of this chapter and Chapters 5 and 6, are the heart of our efforts to develop as much of a natural program as possible, with drugs used when they show specific and real benefits.

APPROACH #1 – PREVENT INFECTION

I am going to include a few sections here to emphasize the proper use of Vitamins C and D3, since they are so important. Then I will add several sections to cover other items that I know will strengthen me even further.

Remember, the most important goal by far is never to get this disease in the first place. Approach #1 addresses that specific goal.

#1A: When Healthy - Vitamin C

Vitamin C is the key to the virus. When the Chinese found out that their virus had gotten loose, they shut down their Navy, quarantined all of their sailors, and fed them large amounts of Vitamin C. In the bats from which this coronavirus has been sourced, the bats control the virus by making Vitamin C.

For me, Vitamin C is best taken in liposomal form, which allows the C to be absorbed into my body at highest level. The Chinese gave their sailors enough C (ascorbic acid version?) to make sure that they would achieve blood levels of at least 22mg/pound of body weight.

Vitamin C works in several ways. It directly fights the virus. It strengthens and regulates the immune system. It helps reduce all symptoms of the virus by limiting and even eliminating the virus from the body quickly.

It strengthens cells internally, provided that a person can move Vitamin C into the cells. One of the most vulnerable patient groups is Type 2 diabetics. I am thinking that one reason for their vulnerability is that they can't get Vitamin C from the extracellular environment into the cells, so their cells are in a state of scurvy even if they take plenty of Vitamin C. Vitamin C and glucose are almost identical in molecular structure and both need insulin to move them into cells. In diabetics (particularly T2s) when blood glucose is high, the body uses all its insulin to move glucose out of the blood into muscle and fat cells. When there is insulin resistance and high glucose levels, the existing insulin has no time left over to move C into the cells, and that means the cells themselves are possibly close to or in a state of scurvy. If one's cells are unable to absorb C, they will be far more vulnerable to the virus and the damage it can cause.

Everyday Dosing:

*** For liposomal Vitamin C capsules, I always take a minimum of 2 1,000mg capsules a day.

- If I want to achieve the level of serum Vitamin C that the above researchers found was fully protective against Covid-19, then I need to take 1 cap per 25 pounds of weight plus 1 additional cap of the liposomal C. At 125 pounds I need to take 5 caps for the 125 pounds plus 1 additional cap, for a total of 6 caps a day, spread evenly over the course of the day.

- For powdered Vitamin C, like sodium ascorbate or ascorbic acid, the everyday dosing is 2-5 grams a day. I do not think it a good idea to use calcium ascorbate powder, because I believe it would overload the body with too much calcium. For people who have to limit their salt intake, using liposomal C is the best alternative.

Contraindications: Some people have a gene flaw that can make their red blood cells (RBCs) vulnerable to damage from high concentrations of Vitamin C in the bloodstream (See Note 4-G6PD). The test for this is an easy one to get. If you have the flaw, you want to raise your internal level of glutathione for a day or two before taking the high-dose Vitamin C. One way to do this is to take glutathione intravenously. This works, but it is expensive and difficult, and therefore it cannot be used long-term. I think that taking a combination of selenium and N-Acetyl-Cysteine (NAC) as described below, starting a few days before and continuing on through the Vitamin C therapy, would increase internally generated glutathione enough to reduce or eliminate this G6PD risk. This strategy is simple and cheap, and it can be continued for years without issue.

#1B: When Healthy - Vitamin D3

Although Vitamin D3 does not appear to directly affect the virus, it is a very powerful immune system stimulant and regulator. We want our immune systems not only to be strong but also to know how to target the right enemies.

According to the researchers above, I want to have a serum D3 level higher than 40 ng/mL to assure protection. For other reasons, most knowledgeable doctors and researchers have concluded that the optimal level for D3 in the blood is actually 60-80 ng/mL, and that is what I strive for. This is one place where it is important to get a blood test (I do this every 3 months) and to then take enough D3 to get the blood level above that minimum protective level of 40 ng/mL and preferably into the optimal 60-80 range. As an aside, lifeguards generally have levels over 60 and modern hunter-gatherers can have levels over somewhat over 100 without a problem.

Some people have difficulty getting their blood level of D3 up into the optimal range. This is true for me. To address that difficulty, I take 2

600mg caps of N-Acetyl-Cysteine (NAC) daily, which brings my D3 level up to the optimal range quickly.

For best effect it is important to include Vitamin K2 to regulate some of the effects of the D3 related to calcium and bone metabolism.

Everyday Dosing:

- I take enough Vitamin D3 to get my blood level up into the optimal range over months of supplementation. Frequent blood test monitoring of my serum D3 level is required.
- I take 2 600mg caps per day of N-Acetyl-Cysteine because otherwise I can't keep my D3 levels up in the optimal range.
- I take at least 150 mcg per day of Vitamin K2 to help my body maintain proper calcium metabolism.

Contraindications: I don't know of any contraindications for any of these three supplements other than for the K2. If someone is taking a blood thinner, the addition of K2 might affect bleeding and require a slight lowering of the dose of the blood thinner.

#1C: When Healthy – (a) Selenium plus N-Acetyl-Cysteine and (b) Quercetin plus Zinc.

As discussed earlier, preventing infection by this virus is imperative. If the virus is successful in getting into the body and establishing its presence there, removing it completely from the body may prove difficult.

Selenium and N-Acetyl-Cysteine work together to slow or stop the virus from replicating in the body. The mechanism appears to be because the pair combine with two other substances that are abundant in the diet (a good diet) to generate glutathione, which inhibits viral replication.

I want to add that NAC has other modes of operation against viruses and this virus, so it is a good supplement to take just for its own benefits.

Zinc plus Quercetin have a closely similar effect to the selenium and NAC but for a different reason. Quercetin (like Hydroxychloroquine) is a zinc ionophore. I'm not sure quite how it works, but I think it inserts itself into cell membranes all over the body, looks for zinc ions in the extracellular

environment, and when it finds one, it grabs that zinc ion and sucks it into the cell until the cell builds up an above normal level of zinc.

When a SARS-CoV-2 virus (and possibly any coronavirus like a cold virus) enters the cell, it begins to force the cell's systems to replicate it by creating a protease that is used for the replication process. Zinc appears to attach itself to the protease and deactivate it so that the protease cannot perform its function of replication. If there is enough zinc in the cell, all protease molecules created by the virus will be deactivated, giving the immune system crucial time to come in and destroy the virus before it gets established and active in the cell.

I want to note that Quercetin, which is non-toxic, is a good substitute for Hydroxychloroquine (HCQ) as a prophylactic against a potential infection by SARS-CoV-2, at least for this particular function of HCQ, as a zinc ionophore. (I do not believe Quercetin is a substitute for HCQ in terms of HCQ's anti-malarial effect.) Despite the fact that HCQ is one of the safest drugs available, some potential users have been frightened away from it even for short-term use by junk-science "clinical studies." For those people, the safety profile for Quercetin should reassure them that they can safely attain one of the more important advantages of HCQ without concern for any supposed HCQ risk. Quercetin can be used quite safely for many years.

Everyday Dosing:

- Selenium: I take 200 micrograms per day.
- N-Acetyl-Cysteine: I take 2 600mg caps per day.
- Quercetin: I take 500mg per day.
- Zinc: I take 30 mg per day.

#1D: When Healthy - Chaga Mushroom

In Eastern medicine the SARS-CoV-2 virus is "Cold/Damp/Sticky/Gray." The objective of Traditional Chinese Medicine in this kind of situation appears to be to balance the negative influence of the virus with a substance that is the opposite, thus returning the body toward proper balance.

It turns out that Chaga mushroom is "HOT/Dry/Slippery/Yellow" and can be used to rebalance the body after a Covid-19 infection begins or to harden the body beforehand. It is particularly useful for older people – it seems to me that age appears to have a similar unbalancing effect on the elder body

as does the Covid-19 virus on any body. For that reason Chaga makes for a great preventive substance, and it is something older people can take daily for the rest of their lives without concern, once they verify early on that they can tolerate the Chaga safely.

Chaga powder has many vitamins and minerals in it, as well as molecules that help the body resist viruses, bacteria and even cancer. It also regulates the immune system, and it controls and kills *Prevotella*, a dangerous bacterium that is often a fellow traveler with SARS-CoV-2.

Everyday Dosing:

I take about 500-600mg per day of Chaga powder when well. I gather it is helpful to start slowly and build up to the 500mg, but I didn't do that and was fine. For people with contraindications, however, a careful and slow introduction of Chaga to the body is likely to be helpful, just to make sure it can be tolerated.

Potential Contraindications:

- 1) Chaga increases immune system activity at the same time that it helps regulate that system. This could either aggravate or control any autoimmune disease one may have, so the autoimmune disease needs to be monitored as one slowly increases the dose to 500mg a day.
- 2) Chaga may alter bleeding processes in the body. Someone with a bleeding disorder or who is taking a blood thinning prescription drug will have to take care to either stop taking Chaga or reduce the drug dose if bleeding problems do arise or increase. If it were me, I'd try to keep the Chaga and decrease the blood thinner, while carefully monitoring related indicators.
- 3) Chaga improves glucose management and can cause the immune system to stop suppressing some of the insulin-producing islet cells in the pancreas. Any diabetic could experience some (temporary?) difficulty in managing their glucose levels, so such patients need to introduce Chaga very slowly and carefully into their body. Since diabetics are one of the most vulnerable populations in regard to Covid-19 infections and deaths, the introduction of Chaga brings potentially large benefits. Chaga's effects will build slowly over time when taken at the same daily dose, so these impacts on diabetes may grow over time. I recommend that any diabetic try introducing this supplement but do it very slowly and carefully.

#1E: When Healthy - B Complex with Thiamine

One of the most important ways to resist infection and to fight an infection if I get one is to supplement with Thiamine. As discussed above in the Vitamin C section, one of the most vulnerable patient groups is T2 diabetics. I have found out that a diet high in carbohydrates uses up thiamine at greater than normal rates. People with low or no thiamine are subject to many more infections and to more severe infections, and they may also experience symptoms that look a lot like sepsis. A good Vitamin B complex can assure that a person has sufficient thiamine to resist or fight an infection by SARS-CoV-2.

Everyday Dosing:

Thorne Research Basic B Complex capsule contains about 100mg of thiamine per cap, which is a good daily dose for normal times.

#1F: When Healthy – Nattokinase (or Lumbrokinase)

One of the principal ways Covid-19 can damage or kill me is by creating the conditions for “throwing” a lot of small and larger clots which will block capillaries or cause thromboses in leg veins or trigger large and even fatal strokes. Of course, that is also a risk for older people like me just in general, due to atherosclerosis and other insults that come with age.

Nattokinase is a natural clot-busting supplement. One capsule is the equivalent of one aspirin taken to fight clots in elderly people but without the negative side effects of aspirin – it is essentially non-toxic and does not cause bleeding. It doesn't act as a blood thinner but rather directly attacks and dissolves the fibrin that holds any clot together, either while the clot is forming or when it is traveling or lodging somewhere in the vascular system.

Everyday Dosing:

I take 3-4 caps of Nattokinase per week (1 cap every other day) to help avoid atherosclerosis and the development of any dangerous clots.

I do not think that Lumbrokinase (which is ten times more powerful than Nattokinase) is needed for a healthy person. If someone were to have a severe enough clot-throwing tendency that a daily Nattokinase capsule is

insufficient, then I would check out Lumbrokinase, which works in the same manner.

APPROACH #2 – TREAT A COVID-19 INFECTION QUICKLY

Although it is extremely unlikely for anyone taking the supplement program above (Approach #1) to get infected by SARS-CoV-2 even if exposed to it, we must assume that an infection could happen and define a program for removing the virus quickly and efficiently. All of the above items from Approach #1 have a role to play in this Approach #2, so let me first detail the dosing for those items when ill. Then I'll set forth descriptions of a few additional items that can also help fight off an active infection.

Before doing that, though, I want to point out that the bat virus first infects the throat of the bat and develops there for up to 5 days before trying to move into the rest of the bat's body. Since bats hang upside down much of the time, this mass of viruses apparently drains out of the mouth of the bat instead of into their lungs or intestines. In humans, who are mostly upright and rarely if ever hang upside down, that mass of viruses building up in the throat drops down into the lungs or/and intestines around the fifth day after infection or it goes back through the olfactory or/and optic nerves into the brain.

At the first sign of throat infection, then, it is imperative to begin the more intense treatment program discussed below. However, it is also a good idea to treat the throat itself strongly at the first sign of infection. This could take the form of gargling several times daily with warm/hot water containing salt, Vitamin C, or honey, the drinking of very hot Chaga tea containing honey, and any other treatment discussed in Chapter 6 that could be focused on the throat specifically.

#2A: When Ill With Covid-19 – Vitamin C

Dosing for Covid-19 Illness:

- I need to take 1 cap per 25 pounds of weight plus 1 additional cap. At 125 pounds I need to take 5 caps for the 125 pounds plus 1 additional cap, for a total of 6 caps a day, spread evenly over the course of the day.

- If using sodium ascorbate or ascorbic acid powder, I take to bowel tolerance, with a minimum probable dose of at least 15 grams. (I do not think it a good idea to use calcium ascorbate powder, because I believe it would overload the body with too much calcium. Those on a low-salt diet can freely use the liposomal version of C.)

#2B: When Ill With Covid-19 - Vitamin D3

Dosing for Covid-19 Illness:

- For Vitamin D3 the dosing arrangement is the same, since it is still the goal to raise D3 levels in the blood into the optimal range. The primary difference when treating an active Covid-19 infection is to pulse more Vitamin D3 as soon as the illness becomes apparent. In such a case, I take 50-100,000 IUs of D3 on the first day and maybe the second day of symptoms after first evidence of symptoms. Otherwise, the dosing is the same as before the infection.
- For N-Acetyl-Cysteine, in relation to D3, I still may take only 2 600mg caps a day, but I may raise that dose to 3 caps a day. My intake of Vitamin K2 remains the same as the everyday dosing at 150 mcgs per day or more.

#2C: When Ill With Covid-19 – (a) Selenium plus N-Acetyl-Cysteine and (b) Quercetin plus Zinc

Dosing for Covid-19 Illness:

- Selenium: I will increase my intake of selenium to a range of 600-1,000 micrograms per day until symptoms begin to decline, at which point I will begin reducing this dose back to normal as symptoms continue to decline.
- N-Acetyl-Cysteine: I will continue to take 2 600mg caps per day but may raise that to 3 caps.
- Quercetin: I will take 1,000mg per day (2 500mg caps).
- Zinc: It is critical to increase my intake of zinc when ill with Covid-19. As far as I can tell, taking more than 150 mg/day of zinc may not be helpful, so that is the target amount I will take. Some doctors familiar with using zinc with ionophores like HCQ or Quercetin have recommended up to 210mg of zinc per day at the height of the illness. Since an illness-induced deficiency of zinc will usually cause the senses of taste and smell to fade, I will take 150mg per day and monitor those senses, increasing to 210mg if those senses show any sign of fading. Normally, a person taking zinc should take it with 1 mg of copper for every 15mg of zinc above a 30mg dose, to prevent a copper deficiency from developing. However, this does not apply when ill

with SARS-CoV-2 or other coronaviruses, because zinc is used up by the body in fighting the virus.

#2D: When Ill With Covid-19 - Chaga Mushroom

Dosing for Covid-19 illness:

- I will double or more my daily dose of Chaga when symptomatic, to anywhere from 1,000 to 2,000mg per day spread throughout the day in frequent doses of warm tea.
- For those who have any of the contraindications listed in the #1D Chaga section above, staying steady at the everyday dose may be the best option. However, if those contraindications stay under control after doubling the everyday dose, it would be good to make that increase if ill with Covid-19.

#2E: When Ill With Covid-19 - B Complex with Thiamine

Dosing for Covid-19 illness:

- The desired dose of thiamine when ill is at least 200mg per day and preferably 300mg, which means I will take three B Complex capsules per day.
- It is also imperative to reduce or eliminate carbs and eat healthful meats and fats during the symptomatic period, because that will spare my thiamine stores so that my body can use all the thiamine I take in to fight this virus instead of to process the carbs or junk food.

#2F: When Ill With Covid-19 – Nattokinase and Lumbrokinase

One of the principal ways Covid-19 can damage or kill me is by creating the conditions for throwing a lot of small and larger clots which will block capillaries or cause thromboses in leg veins or trigger large and even fatal strokes. It does this by inflaming the walls of my arteries and veins and the inside of my heart through direct attack against the ACE2 receptors in those tissues and by possibly releasing heme iron from my red blood cells.

It is very important to keep in mind that this inflammation and the related damage does not stop immediately upon symptoms going away in an apparent cure of a Covid-19 case. It takes quite a long time to repair all that vascular damage.

For that reason it is imperative not only to increase my dose of Nattokinase during the symptomatic stage but also to continue to take Nattokinase at an intermediate dosage for at least several months after the symptoms clear and the virus is removed from the body. For severe cases of Covid-19, Lumbrokinase could be substituted for Nattokinase to increase clot-busting power during the active infection. Lumbrokinase is 10 times more powerful than Nattokinase. (Note 4-Kinase.)

Dosing for Covid-19 illness:

- I will take 2-3 caps of Nattokinase per day when symptomatic and continue to take 2 caps per day for at least three months after the virus has been cleared. Thereafter, I will probably remain on a dose of 1 cap per day for at least the next year. If in severe difficulty during the active infection, I would shift to Lumbrokinase at 1-2 20mg or 40mg caps per day, or a mix of both substances.

Additional Actions To Take During an Active Covid-19 Illness

Now let me describe some additional ideas that can be used during an active infection.

#2G: When Ill With Covid-19 - Hydroxychloroquine With Zinc OR Quercetin with Zinc and Artemisinin

We have heard a lot about Hydroxychloroquine as a treatment for Covid-19. Despite the irresponsible or even malicious rumor-mongering about HCQ being unsafe, for the vast majority of people, it is not only effective but safe as well, even when taken for many years. Literally maybe a billion people have used HCQ and related molecules for malaria and over 60 other major diseases without significant issue or risk for more than 50 years.

In fact, I recently came across a list of the top 50 drugs by severity of side effects (i.e., the top 50 dangerous prescription drugs). HCQ was not in that list, but Tylenol and aspirin are in that list. If a person is willing to take aspirin or Tylenol, he or she should be more than willing to take HCQ. The list is here: <https://www.abc15.com/news/national/these-are-the-50-most-dangerous-drugs-on-the-market>

HCQ appears to work directly against Covid-19 in at least five ways:

- 1) As discussed above for Quercetin, HCQ is a zinc ionophore that shuttles zinc into cells so that the zinc can shut down viral replication.
- 2) According to Dr. Glenn Rothfeld in a private newsletter, HCQ also kills viruses broadly by changing the pH of lysosomes that help stop viral replication, making them more effective.
- 3) HCQ somehow spares red blood cells and their hemoglobin molecules from being damaged by the virus.
- 4) It is also a powerful anti-inflammatory that works against the cytokine storm SARS-CoV-2 can directly trigger.
- 5) Finally, it significantly reduces blood sugar in diabetics (particularly T2 diabetics) and is a recognized treatment for T2 diabetes, which may explain part of its efficacy in helping even T2 diabetics fight off the severe outcomes they often experience when infected with the SARS-CoV-2 virus.

Doctors who routinely prescribe HCQ to their patients at normal dose levels attest that the drug is very safe – they’ve generally never seen any bad outcomes at the normal dose levels.

For the sake of argument, though, let’s assume that I would be one of the few patients who might be sensitive to HCQ to a sufficient degree to be concerning. It turns out that there are two actions I can take to mitigate or remove this risk.

First, I can take HCQ and monitor my heart rhythm at home.

(A) I can buy a \$150 KardiaMobile 6L device (or perhaps its smaller brother, the \$100 KardiaMobile) that works with my cell phone to monitor my heart. If my heart does not experience the issue HCQ can sometimes cause (an elongated QT/QTc interval), I would be fine to continue using HCQ. If I found that the HCQ was causing my QT/QTc interval to extend inappropriately, I would know quickly and would stop taking HCQ and shift to other substances that would be helpful. For information about Kardia devices, go here: <https://clinicians.alivecor.com/our-devices/> and read about their products. I have verified that their KardiaMobile 6L device

does indeed monitor the QT/QTc interval that needs to be checked when taking HCQ, artemisinin, or pretty much any other anti-malarial. Once you know what to look for on the chart, you can read it directly on your phone.

(B) HCQ has one other side effect I know of, which is that it can eventually cause negative changes to vision, the eyes. My understanding is that this, like the elongation of the QT/QTc interval in (A), occurs only after many years and is not a concern for short-term use. If I were to use HCQ over the long term, I would of course find an optometrist or ophthalmologist who can monitor my eyes and vision for the beginning of this side effect.

To summarize then, the key here is that any patient taking HCQ can easily monitor the essential cardiac issue day by day and take action well before any change to cardiac rhythms can come anywhere close to becoming dangerous. This is confirmed by the many doctors who have been using HCQ for thousands of patients in their practices.

Second, I can find a substitute for the HCQ.

If for some reason I turn out to be sensitive to HCQ and have to stop using it, I can find one or more substances that duplicate at least some of HCQ's healing effects.

(A) We have already discussed Quercetin, a zinc ionophore that is non-toxic and probably as effective as HCQ at getting zinc into my cells. However, it is not a direct substitute for any other good effects from HCQ.

(B) Is there a natural substitute for HCQ's ability to protect red blood cells? I don't know. This is one area where I have not found much success. However, it seems to me that it might be useful to try Artemisinin, which is already in use for malaria treatment and might be better tolerated than the HCQ, especially if given in a half-dose manner in conjunction with plenty of Quercetin.

Like HCQ, Artemisinin is a very interesting substance with many useful and beneficial effects for a large number of different illnesses.

- Artemisinin is known to have some very nice anti-malarial effects and is an accepted treatment for that disease.

- As a result of that first point, Artemisinin *may* work successfully against Covid-19's harm to red blood cells and their hemoglobin molecules (or protect against the possible "interference effect" I discussed in an earlier chapter).

- Interestingly, it also loves to bond to free iron, which is a huge benefit that HCQ may not have. If Covid-19 breaks up some hemoglobin and releases free or heme iron into the bloodstream where it absolutely will cause inflammatory havoc, it appears Artemisinin would grab onto that free iron and lock it back up.

- Artemisinin also has quite an unusual trait that flows from the previous point. When it locks up some iron, it becomes strongly activated against parasites, cancer cells and other bad actors, while sparing normal cells.

Overall, due to the various differences in the good effects of HCQ and Artemisinin, I might find myself considering using half-doses of both HCQ and Artemisinin, while also providing a low dose of Quercetin. That 3-part cocktail combination might have fewer side effects and provide a broader spectrum of good effects than just using one of them alone.

Although Artemisinin is available over-the-counter, I suspect it is better to work with a doctor who is familiar with Artemisinin and its variations. That is what I did in the 2000s when I took Artemisinin without issue for several months.

Three final points:

(1) If I have been exposed to the virus or have symptoms of Covid-19, it is very important to remember to start treating with HCQ and zinc as soon as possible. The longer I wait, the more damage will occur, the less effective the HCQ/Zinc treatment will become, and the more likely my system (particularly my heart) will be weakened and my heart subject to the problems that come with an improper elongation of one's QT/QTc interval.

(2) It is absolutely imperative to include a zinc supplement when taking HCQ and/or Quercetin, because in this use, it is the zinc that is doing the healing work - the HCQ or Quercetin is only providing the transport mechanism.

And (3) If you take Artemisinin instead of HCQ, be sure to take Quercetin with it – I don't know if Artemisinin is a zinc ionophore like HCQ, so the Quercetin will assure that that mechanism is active.

Dosing for illness by Covid-19:

- Hydroxychloroquine is by doctor's prescription. Normal dosing schedule would usually call for 600mg the first day and then 400mg per day until symptom-free, and then 400 down to 200mg per day until a test shows the virus has been cleared.
- If using Artemisinin instead of HCQ, I believe the dosing is 100-200mg 1-3 times a day.
- Regardless of whether I am using full or half doses of HCQ or Artemisinin or not using them at all, I can add in 500 mgs or 1,000 mgs of Quercetin.
- Zinc: Up to 150 mg per day, unless taste and smell begin to fade, in which case I would take the zinc dose up to 210 mg per day.

#2H: Azithromycin (ZPak)

I have seen comments that say that the lipid covering over the SARS-CoV-2 virus allows the inclusion of a cell-wall-less bacterium. There are clear reports that Prevotella is a routine fellow traveler with SARS-CoV-2 as part of the Covid-19 disease. Since Covid-19 creates the environment suitable for pneumonia or other secondary infections of the lungs in both lungs at the same time, taking an antibiotic as part of treating Covid-19 appears to be a necessity. Experience to date proves this to be true. Start it as early as possible after symptoms become apparent to prevent a secondary infection from even getting started. ZPak should not be taken prophylactically.

Azithromycin appears to work particularly well and is an important adjunct to any Covid-19 treatment program. It seems well-suited to treating the bacterial infections which seem to accompany most Covid-infected patients. If a person were to be sensitive or allergic to ZPak, I suspect most any antibiotic will work. Later in this document, I have material on herbal antibiotics that might interest you.

I want to note here that there is strong evidence that taking Colloidal Silver (not proteinized silver) can radically increase the effectiveness of any antibiotic. Not only does it increase effectiveness by a factor of as much as 100 times against both gram-positive and gram-negative bacteria, but it also can reduce or eliminate existing antibiotic resistance and renew the

effectiveness of an antibiotic that would otherwise not work against a resistant bacterium. I always take colloidal silver when I take any antibiotic.

Azithromycin is a prescription medication. I think the dose is 200mg/day but am not sure.

Colloidal Silver can be purchased at Amazon in various sizes:

https://smile.amazon.com/Sovereign-Silver®-Bio-Active-Silver-HydrosolTM/dp/B019ZPNHoA/ref=sr_1_5?crid=HTTEZYFOU9RC&dchild=1&keywords=sovereign+silver&qid=1588365716&prefix=sovereign%2Caps%2C244&sr=8-5

#2I: Anti-Inflammatories and Anti-Oxidants

One of the biggest problems that arises in an active Covid-19 infection, and possibly even in a weakly or inactive infection, is inflammation. I intend to take a number of anti-inflammatories if I get such an infection. These include supplements such as white willow bark, curcumin, and astaxanthin, but others exist and can also be used. I believe Covid-19 infections create both immediate and long-term inflammatory conditions, such as inflammation of artery and vein walls, so treatment must be swift in starting, broad-spectrum during the illness, and continued for many weeks and even months after the virus is cleared while the inflamed tissues heal.

One very important anti-inflammatory to take before, during and for a long period of time after an active infection, is Astaxanthin. Here is a good article on its many helpful impacts:

<https://articles.mercola.com/sites/articles/archive/2020/05/11/how-to-prevent-a-cytokine-storm.aspx>

Astaxanthin may be one of the best means for reducing the likelihood of a cytokine storm in the first place and to minimize its consequences if a storm begins.

Dosing for illness by Covid-19:

- White Willow Bark: Maintenance: 2 800 mg caps/day.
During Illness: As needed.
- Curcumin: Maintenance 1 250 mg cap/day, Illness 3 caps/day.
- **Astaxanthin**: Maintenance 1 cap/day, Illness 3+ caps/day.

APPROACH #3 – TREAT SEVERE COVID-19 CASES

This approach includes how to treat the more severe kinds of Covid-19 illnesses. I divide this phase into two separate situations. The first includes patients being treated upon admission to emergency room or hospital care, before hypoxia or anoxia symptoms become significant. The second includes patients who are having significant trouble breathing and are low (hypoxia) or severely low (anoxia) in oxygen.

1) Upon hospital admission

Obviously, many of the elements of my at-home protocol described above can continue to help if someone who is particularly vulnerable to this illness has to go to the hospital. However, if the person has been using this protocol and still becomes ill enough to have to go to the hospital, we can and should add some more powerful techniques to the mix.

I have heard many stories about Covid patients who go to the hospital and are given “supportive treatment” until they get well or die on their own. This is simply a terrible approach. If you or someone you know gets such a severe case of Covid-19 that you must go to the hospital, you need to ask your potential caretakers there whether that is their approach or whether they use elements like intravenous Vitamin C. Most doctors need to be pushed (hard!) to think outside the standard protocols.

One researcher who is profiled later about his sepsis protocol, Dr. Paul Marik, has been working with a team of truly innovative emergency room doctors to develop a very detailed in-hospital Covid-19 protocol that I think is good. I would do some things a little differently, but it is nonetheless an obviously effective protocol, and they are actively refining it.

If someone doesn't want to follow my protocol as outlined in Approach #1 and Approach #2 above but wants to stick with a more standard doctor-developed protocol, then click through on the link below and print out a copy of the Marik group's protocol. If I were to get sick enough to have to go to the hospital, I would certainly bring the Marik group's protocol to my doctor or the hospital and tell them to use it in treating me. Marik is getting increasingly well-known, so a standards-following emergency room physician may be open to using his recommended protocol instead of mine.

Here is the web address for the Marik group's Covid-19 protocol:
https://www.evms.edu/covid-19/covid_care_for_clinicians/
Save this address, so you can get the most up-to-date version from their team any time. The two publications that present the actual protocol are given at the two links partway down that web page.

It is imperative that any patient *demand* that the hospital people respond with rapid treatment and that the hospital follow the EVMS protocol as closely as possible. If a patient's condition is bad enough to require hospitalization, every minute counts at this point. If a local hospital won't do that, it's worth calling another hospital and try there. If I cannot find a hospital near me that will follow this protocol, I will go to my doctor and see if he/she will do it for me in the office or be my ally in pushing the hospital people to try it.

This is very important. As far as I know, there is no in-hospital therapy better than this one at the time I am writing this. Make sure doctors or hospital caretakers use it and begin using it immediately.

2) Upon Diagnosis of Severe Hypoxia or Anoxia

If I were to become so ill that I am hypoxic or anoxic, doctors will want to put me on some kind of equipment designed to re-oxygenate my body. Most likely, I would be practically comatose, focused only on breathing. Until recently, hospitals were simply putting such cases on ventilators until most of them died. A few would recover, but the record is terrible.

Hydroxychloroquine becomes mostly or completely useless at this stage. It would seem that not much else can be done but watch over and support the patient until either the body rallies itself into recovery or death occurs.

Not so, and this is big, big news.

I recently saw a report that some doctors had placed a number of severely hypoxic or anoxic Covid-19 patients (patients literally at death's door) in a hyperbaric oxygen chamber and given them 1-9 hyperbaric oxygen therapy (HBOT) treatments. ***All*** of the patients recovered fully (this is from memory – I've lost the weblink). Under the standard therapy with ventilators, most would have died.

I have found 4 emails sent by an HBOT doctor near a Tyson meat plant which are anecdotal but powerful reading:

Email 1: <https://www.hbotnews.org/hbot-in-a-tyson-covid-19-outbreak-part-1-keeping-it-real/>

Email 2: <https://www.hbotnews.org/hbot-in-a-tyson-covid-19-outbreak-part-2-its-incredible/>

Email 3: <https://www.hbotnews.org/hbot-in-a-tyson-covid-19-outbreak-part-3/>

Email 4: <https://www.hbotnews.org/hbot-in-a-tyson-covid-19-outbreak-part-4-i-cant-stop-smiling/>

I also have a 2-video presentation by a Dr. Harch about HBOT results in Covid-19 patients in the US and China. I recommend reading the page with those videos here (the two videos are seven and ten minutes long):

Dr. Harch Presentation videos: <https://www.hbotnews.org/achm-webinar-covid-19-and-hbot-the-science-of-covid-19-and-application-of-hbot/>

To add another data point: I spoke several months ago with the director of an HBOT clinic. She told me that HBOT will kill all viruses in the body (using her protocol). She said it can tamp down bacterial and fungal infections, which is nice to know, but the ability to kill all viruses in the body is amazing.

Yet according to Dr. Harch in his videos, the treatments he is doing appear not to show anti-viral effects.

What's really going on here?

It appears that HBOT always helps Covid-19 patients, no matter the pressure used and length of time of the sessions (within reason, of course).

HBOT does this by significantly reducing inflammation, and both general and focal inflammation is an extremely important part of the Covid-19 disease. According to Harch, HBOT is known to significantly down-regulate pro-inflammatory genes and significantly up-regulate anti-inflammatory genes. This helps the body's immune system to "catch up" and begin strongly suppressing or destroying the virus causing the illness. So the patients recover.

However, Dr. Harch's comment in his video where he says he sees no anti-viral effect seems to argue against what the director of the HBOT clinic I spoke with told me. I believe the answer is that they are using different treatment protocols on patients in very different conditions.

The director of the HBOT clinic uses 90-minute sessions down to 2.0 or higher atmospheres (ATA) on people with full lung function. Dr. Harch is using 1.4-1.6 ATA for 60 minutes on patients with very poor lung function. It's my belief that Dr. Harch is simply being very cautious in treating these patients, which is entirely reasonable. Notably, his graph of how O₂ levels change in his patients over the course of their therapy seems to show that these patients are not entering a significantly super-oxygenated state, or perhaps they do but the sessions are simply too short for a noticeable anti-viral effect to be obvious enough. Or could there be something else going on here in addition to the inflammation?

I have two competing theories at this point for what that second effect might be.

My first theory is that HBOT's anti-viral impact does not kick in until each small volume of body tissue being oxygenated attains a super-oxygenated state where O₂ levels are at least 2(?) or more times the normal saturation level at normal atmosphere and 21% partial O₂ concentration for a certain minimum length of time. I would guess at this point that at 1.4-1.6 ATA, a session would need to be 2-3 hours long in order to obtain the same results against viruses directly as would a 90-minute session at 2 ATA and that only under these conditions will the anti-viral effect be significant enough to be able to kill all viruses in the body.

Coming at this in a different way, though, something else suggests itself.

Early on during this pandemic, doctors and researchers were speculating that SARS-CoV-2 was acting somewhat like malaria, as they were finding what appeared to be damage to the RBCs, possibly releasing free or heme iron into the vascular system. As more and more RBCs were damaged, the patient's ability to get enough oxygen continuously diminished until they died.

If that were true, then the only way to repair the damage would be full blood transfusions to replace all the damaged RBCs. It takes weeks to replace RBCs from the bone marrow.

What we see here, though, is that HBOT completely restores nearly full oxygen saturation in a matter of a few days. I don't think there is any way that could happen if the virus is actually wrecking RBCs or hemoglobin molecules.

So what is going on?

Just for grins, I went hunting for information about RBCs and hemoglobin. Here's what I found from two different online sites when I asked "how many hemoglobin molecules does a red blood cell contain?" It turns out that:

- Adult humans have around 20-30 trillion red blood cells at a given time.
- Each human red blood cell contains approximately 270 million hemoglobin molecules.
- Each hemoglobin molecule carries four heme groups.
- [Each] heme group contains one iron atom, and this can bind one molecule of oxygen.
- Because each molecule of hemoglobin contains four globins, it can carry up to four molecules of oxygen.

So let me see ... the math says that each RBC can carry about a billion O₂ molecules, and that means that at any given time there are as many as 30,000,000,000,000,000,000 molecules of O₂ just in your RBCs!

I had no idea. Did you?

Now, I'm going to engage in some speculation at this point, if you don't mind.

My second theory is that the SARS-CoV-2 virus actually does not destroy the hemoglobin molecules after all (or the process is very slow). Instead, perhaps the virus attaches itself to the RBC or to some or many of the hemoglobin molecules in that cell in such a way that it simply prevents the cell or the hemoglobin from either absorbing or releasing an oxygen molecule.

Let's call that an "interference effect." Accordingly, the virus doesn't actually wreck any RBCs or kill any hemoglobins but rather simply interferes with their normal operation. This theory might also explain the mystery of why patients with Covid-19 are found to be so tolerant of their apparent low levels of oxygen. It might also be the reason that Harch saw little or no anti-viral effects – the antiviral effects were hidden within another benefit.

O₂ saturation in a patient's body rose strongly during a session and fell afterward, but each day the bottom reading for O₂ saturation rose until the patient was discharged with normal levels in just a few days. Perhaps the therapy *was* killing some viruses, the ones causing interference to the RBCs and/or hemoglobins. Or perhaps the supersaturate oxygen partial pressure in the body actually drives the virus off the hemoglobins they are interfering with.

In any case, the HBOT treatments clearly brought very sick and near-death patients back to recovery and discharge, certainly by reducing inflammation in the lungs and elsewhere, but perhaps also by freeing RBCs from any "interference" effect caused by the SARS-CoV-2 virus itself.

Whatever the cause, the overall impact is simply excellent.

Now let me close this section by pointing out a very salient fact we now know.

We can rapidly kill off any viruses inside our bodies by super-oxygenating our bodies whenever we start feeling ill from a viral infection. We don't need to vaccinate against viruses. We don't need to take any antivirals. We just need to keep our immune systems strong with the protocol in Approach #1 above and have ready access to a super-oxygenation technique such as HBOT or systemic ozonation. (I'm also aware or have heard of other healing techniques that may have similar effects and outcomes, but I will leave the identification of those as homework for you, my reader.)

Let me repeat this for emphasis, because it is incredibly important and should revolutionize healthcare and reduce human suffering by orders of magnitude: *If these techniques become widely available, nobody need suffer from a viral illness ever again nor need any vaccines against human viruses. For the most part, everyone will simply stay well. If*

someone uses the Approach #1 I have outlined but still gets sick, he or she can use a few HBOT sessions to knock down the viral population to zero(!) and regain health with no other actions or substances needed.

I don't know about you, but I find that both incredible and incredibly freeing.

FINALLY, VACCINES and SOME ADDITIONAL NOTES

I have never heard of anyone successfully developing a vaccine for a coronavirus. Previous attempts with other coronaviruses have actually made subsequent infections by the wild virus more dangerous and have caused deaths. In animal studies, up to 100% of the animals vaccinated in some studies have died. I gather that nobody yet knows exactly why.

I do not actually expect anyone to be successful in developing a vaccine for Covid-19 either, at least not using the old techniques, although (caution!!) they may claim they have done so this time. And given the animal studies and the long history of dirty vaccine problems, I'm not planning to jump on any vaccine developed by the current vaccine manufacturers either. However, there are a lot of smart people working on the problem. Maybe they will succeed this time and be able to verify not only safety but efficacy in less than a year. Uh, hunh.

Some commentary:

1) I will never accept any vaccine endorsed by Bill Gates or any person or organization related to him. An online search can rapidly show that his vaccine work to date has been uniformly damaging, and his organizations have been tossed out of India because of severe outcomes when testing his vaccines. Literally millions of people in emerging countries have been sterilized, crippled, and killed by the vaccines he has pushed into testing in these countries. If you don't believe me, look it up.

2) The vast majority of vaccines today are contaminated with disinfectants like formaldehyde, adjuvants like mercury, aluminum, and squalene, human fetal cells, other viruses from animals, and even HeLa cells which are very aggressive cancer cells. One researcher has even said that she has

found xeno-viruses in vaccines, although I am not ready to accept that possibility for now without considerably more data.

3) I have recently come across articles about a 2014 court case where plaintiffs demanded proof that any vaccine had ever been proven to work. Amazingly, none of the defendants could prove efficacy of any vaccine. I find that really hard to believe, but apparently a company can only truly test efficacy by first vaccinating a person and then infecting them with the disease in a double-blind study. It's illegal to treat people like that, so it's never been done. Why would I ever take a vaccine that has never been tested to establish its efficacy before being released to the public?

4) If it can be proven that a vaccine is clean and effective, I may agree to accept it. Given the above, how could "clean and effective" be established in, what, a few months of development? We'll see.

I have steered clear of all vaccines for the past several decades and am healthier than I otherwise would have been if I had taken all the recommended vaccines for people my age. Instead of relying on vaccines to keep myself healthy, I develop protocols using Vitamin C and other non-toxic supplements that cure problems if I ever get sick. When a person can cure what others consider a scary disease, fear of the disease drops away.

This same approach is what drives this document, to find supplements and safe drugs and useful techniques such as super-oxygenation that can prevent infection and treat an infection quickly if it occurs despite my prevention protocol. Covid-19 is no different, and this document gives me – and you if you are willing to test it for yourself – the freedom to ignore a vaccine that may be either too dirty or ineffective to be worth accepting. But that decision is always yours to make for yourself.

Items to Avoid During an Active Covid-19 Infection

L-Arginine: This amino acid increases the replication rate of any virus. I don't usually take it, but if I am taking it as a separate substance at the time I am or am likely to become infected, I will stop taking it. I should add that taking a general amino acid or protein supplement formula should be OK, as the other aminos in the mix will tend to offset Arginine's virus-enhancing effect. For example, the L-lysine in the mix should balance the L-arginine because Lysine has a virus-suppressing effect.

SUGAR!!! CARBS!!! Evidence is proving that the consumption of sugar and other carbs when infected with SARS-CoV-2 sets the healing back significantly and can make any such infection significantly worse than it otherwise would be. For prevention and successful treatment, it is imperative that a person avoid fast-carb and high-carb foods before and especially during an infection. Such foods include sugar, wheat and most other grains, large amounts of high-carb fruit, potatoes, and so on.

CHAPTER 5
ELEMENTS OF MY ANTI-COVID-19 PREVENTION PROGRAM
Page 1 of 2

- 1) **Vitamin C** (liposomal preferred, but also ascorbic acid or sodium ascorbate powders).
 - Purchase Information:
Mercola Liposomal C, 1,000 mg caps, UPC 813006015592.
NutriBiotic, Sodium Ascorbate, Crystalline Powder (no corn residue),
16 oz, UPC 728177004514. 2.2 lbs, UPC 767644625845.
If these are out of stock, other manufacturers exist.

- 2) **Vitamin D3** (to serum blood level of 60-80) and extra **Vitamin K2**.
If needed, N-Acetyl-Cysteine to get serum D3 up to optimal range.
 - Purchase Information:
Healthy Origins D3, 5,000 IUs, 360 caps UPC 603573153373.
Bio-Tech Pharmacal makes a 50,000 IU pill, UPC 705105101101.
Healthy Origins Vitamin K2, UPC 603573274467.
(See #3 below for N-Acetyl-Cysteine information.)

- 3) **Selenium with N-Acetyl-Cysteine**.
 - Purchase Information:
Healthy Origins Seleno Excell, UPC 603573150921.
Doctor's Best N-Acetyl-Cysteine, UPC 753950002791.**Quercetin with Zinc**
 - Purchase Information:
Quercetin, UPC 609492540201.
Zinc Picolinate, UPC 693749221029.
(Zinc sulfate, picolinate, gluconate are good variants).

- 4) **Chaga Mushroom** (powder).
 - Purchase Information:
Amazon carries several Chaga products (see link:
https://smile.amazon.com/s?k=chaga&ref=nb_sb_noss_1).
Bulksupplements.com and other sources carry Chaga as well.

- 5) **B Complex with Thiamine**
 - Purchase Information:
Thorne Research Basic B Complex, UPC 693749104032.

[Continued next page]

THE ELEMENTS OF MY BASIC ANTI-COVID-19 PROGRAM

Page 2 of 2

6) Nattokinase

- Purchase Information:

Healthy Origins Nattokinase, UPC 603573251604.

(OR if more power needed, Lumbrokinase, UPC 885554785692.)

7) Hydroxychloroquine and Azithromycin

- Purchase Information: By Prescription.

Artemisinin

- Purchase Information:

Thorne Research Artecin, UPC 693749736028.

KardiaMobile 6L, <https://clinicians.alivecor.com/our-devices/>

Available at Amazon and many other retailers.

8) Whatever anti-inflammatory supplements I have on hand.

- Purchase Information:

White Willow Bark, UPC 033674178508.

Curcumin, UPC 693749004844.

Astaxanthin, UPC 603573849160.

Prescription steroids can also be used to reduce inflammation, but I recommend their use only under dire circumstances.

NOTE: Although this list of items is meant to be used to cure any existing viral infection (in particular, an infection by the SARS-CoV-2 virus), it is also meant to strengthen the body before exposure so that any infection that does occur will be mild and result in the establishment of significant degrees of natural immunity against later infections. As long as I remain symptom-free, I take items at their “Maint” (or maintenance) level. If I start developing symptoms, then I shift to the “Illness” dosages until I return to health.

CHAPTER 6

ADDITIONAL TREATMENTS I KNOW OF AND MAY ADOPT

The very hopeful message of the previous two chapters is that I can develop a very effective prevention and treatment protocol that will have a high probability of keeping me safe from viruses, including Covid-19.

However, there are many other treatments available that can be used separately or together with the above protocols to increase the likelihood of a successful outcome to even a Covid-19 infection. The following sections will expand on these options. Please keep in mind that this document is oriented toward preventing or treating Covid-19 infections. However, many of the elements covered in the previous two chapters and this chapter, as well as in other areas of this document, will also help and be effective against other viral infections, as well as bacterial infections, toxins, poisons, and bites.

ACUPUNCTURE, ACUPRESSURE, TRADITIONAL CHINESE MEDICINE

I'm nowhere near an expert in acupuncture and other aspects of Chinese medicine, but I have sought out treatment from acupuncturists numerous times and respect their view of medicine.

The two defining characteristics of a Covid-19 infection are (1) a complex symptom picture, and (2) "coolness/dampness" which takes the form of nearly immovable phlegm or mucus in the lungs. My chiropractor, Dr. Faro, has told me that I can perform at home a form of acupuncture on myself (called acupressure) if I have a red laser pointer and am guided on what acupuncture points to stimulate with the pointer. (At last, after all these years, I finally have an excuse to buy a laser pointer!)

BIOCHEMICALS AND MINERALS (by alphabetical order)

Coconut oil: Coconut oil is an excellent source of oil and energy during an illness, particularly if a person cannot eat much or any food. It consists mainly of lauric acid, which converts to monolaurin in the body, and other medium-chain triglycerides, which the body and brain burn directly for energy. Monolaurin is a strong immune booster and can help kill viruses and bacterial infections.

I buy bottles of coconut oil from <https://healthytraditions.com>.

I buy their Gold Label Organic Virgin Coconut Oil in 32-oz bottles (UPC 851240000141) on a 2-for-1 sale and buy in bulk. Their products are also available at Amazon but can be more expensive there.

- During an illness, if I cannot eat, I would drip small amounts of this coconut oil into my mouth as often as possible. Some people take up to 7 tablespoons a day, so actual dosing is to taste for the most part, but I would take as much as I could when ill, say 2-4 tablespoons a day.

Fullerenes (especially C60): The fullerene known as C60 (or BuckyBalls) can help boost the immune system, reduce certain kinds of serious inflammation, and work to tamp down the possibility of a cytokine storm. C60 is usually administered orally as a suspension in an edible oil, such as coconut oil (which itself boosts the immune system and is antiviral, antifungal, and antibacterial). I buy my supply of C60 in coconut oil from C60Purplepower.com, and I follow their directions for dosing. In recent emails they stated:

- “Coconut oil contains medium chain triglycerides that have strong antiviral, anti-fungal, and antibiotic properties, all of which can promote healing and help prevent secondary infections in wounds caused by viral infections. Coconut oil also has antiseptic properties which can reduce discomfort.”
- “C60’s anti-inflammatory action can quiet the “Cytokine Storm” enough to interfere with the virus-induced disease and lung injury, while still allowing the infected host to mount a sufficient immune response to eliminate the virus.”
- C60 should be able to help tamp down a cytokine storm because it is a very powerful anti-inflammatory that can also bind to the virus itself to denature the virus.
- C60PurplePower Source blog post:
https://clicks.aweber.com/y/ct/?l=EyD.v&m=h3hOZCjMj_ttRnc&b=elzkPsd6PtQyMdflnJ52Ng

Hydrogen Peroxide: I have not used this technique before, because I was uncertain about its safety. I recently found a very positive write-up about the technique provided by Dr. David Williams, whom I have admired and trusted for many years. If I get infected with an illness, especially by Covid-19 which must be eradicated and not just suppressed, I may try his protocol. The protocol itself is beyond the scope of this document, so here is the link to his detailed article:

<https://www.healthydirections.com/hydrogen-peroxide-curse-or-cure>

HERBS AND SPICES (by alphabetical order)

Note: I could be wrong in saying this , but I have never heard anyone say herbs can be taken intravenously, so either take them by mouth orally or by topical application only. They need to soak in through the skin or mucus membranes or be digested in the gut.

Numerous herbs and herbal preparations are known to help treat many different health conditions. Here I will put in a number of them and refer to Appendix B for a worthwhile set of herbs specific to SARS-like viruses. Some of these I have used myself. Some I have read about or been told about by others who have tried them. Some are known to work, others are not proven but have some anecdotal evidence and may thus be worth testing.

Chaga Powder and Other Mushrooms:

Mushrooms and their extracts are known to be strong immune boosters. Chaga may be among the best of them. Some reports have come in from China that say Chaga powder (from a mushroom that grows on birch trees) is a very important immune system stimulant that helps people avoid Covid-19 illness in the first place. Reports say that people taking Chaga powder or tea are not getting infected by Covid-19, even though people all around them are infected by it.

I have covered Chaga powder in Chapter 4 above.

Other Medicinal Mushroom products are available, including turkey tail, lion's mane, and others. My herbalist friend told me: "Buhner's book has a nice discussion of Lion's Mane on p. 86 and pp. 94-5. It is useful for repairing CNS damage caused by viral infection. Like Chaga, it is available from Mushroom Harvest, which is where I bought it a few years ago." I have seen indications that Covid-19 may attack the brain stem of some people, resulting in movement issues, so Lion's Mane should be a part of any Covid-19 patient's treatment and recovery protocol, just to give the best opportunity to heal that kind of injury.

BulkSupplements should be a solid source for Chaga. My herbalist friend has vetted Mushroom Harvest, Mountain Rose Herbs, and Starwest

Botanicals, all of whom sell Chaga products. My Berry Organics Maine Chaga powder on Amazon looks good, too. Other companies may also be reputable and provide good Chaga products. If I look on Amazon, I'll be sure to check vendor reputations and see what previous buyers say in their comments before buying. Try this page:

https://smile.amazon.com/s?k=chaga&ref=nb_sb_noss_1

Curcumin/Turmeric:

I use lots of turmeric in my cooking, and I also take turmeric/curcumin capsules. It has many good effects, including antiviral and anti-inflammatory effects, but it is very hard for the body to absorb. The active ingredient is curcumin, so I get capsules that concentrate the curcumin to high levels and make it more bioavailable with lipid microencapsulation. I gather it is one of the few supplements that can directly reduce the risk of a cytokine storm by helping to regulate the immune system under duress. I buy Meriva-SR Curcumin from Thorne Research, UPC 693749004844.

Echinacea:

This herb builds up the immune system. I like to use Echinamide, by Natural Factors, which actually tastes good. I want to take the root, not the leaves. The stuff should make my tongue tingle when I take it. That is the indication that I'm getting the factor that is effective.

Natural Factors Echinamide UPC 068958047287.

Natural Factors Anti-Viral formula (UPC 068958047003) also has reishi mushrooms and astragalus in it.

My herbalist friend: "Echinacea tincture is ... inexpensive to make with ground Echinacea angustifolia root (which is medicinally more potent than is E. purpurea, which is used in many herbal preparations) and 75% grain alcohol. In fact, when I priced it, I figured that for the cost of 5.1 oz (3 bottles) of Echinamide, one can make about 45-55 oz of tincture, which would be more than enough even for a very large family. I should note that tincture-making is not difficult and does not require any special equipment. One only needs some jars, a couple of bowls, a sieve, a small scale that weighs in ounces (I have a little one that weighs up to 16 oz, and it only cost a few bucks), and some cheesecloth (real cheesecloth--not the lame, loose-weave stuff that is often sold at the grocery store)."

Elderberry:

Elder dissolves viral envelopes, and Covid-19 is a virus with an envelope. Elder also appears to be an expectorant, which is a critical part of any Covid-19 treatment, because of the virus's ability to cause fluid buildup in the lungs. Elderberry syrup is easy to make and cheap. One such product is called Sambucol UPC 896116001112, so I can buy it if I don't want to make it.

IMPORTANT NOTE: Elderberry is only one of five herbs which are particularly useful against viruses. For further information about how to make elderberry syrup and what other herbs are also good to use against viruses like Covid-19, please go to Appendix B, where my friend the amateur herbalist has provided a detailed discussion of all five.

Frankincense:

In considering the fact that Covid-19 causes minor to severe damage to nerves and the CNS, I realized I did not have any substance I knew of that treats neurological damage created by the virus other than Lion's Mane mushroom. I just recently found out that Frankincense has been found to have significant positive impact in repairing such damage. If I were to live through a Covid-19 infection, I would start taking both Lion's Mane and Frankincense for several months to give my body plenty of time to heal any neurological damage I may have incurred during the illness.

Grapefruit Seed Extract:

NutriBiotics makes this in tabs of 250 mg each, called Defense Plus. I take 3-5 a day as soon as I start to feel ill or if someone close is ill. I have used this many times to help kill a viral or bacterial infection in its tracks. Very effective. I take it if needed, not generally as a preventative measure.

NutriBiotics DefensePlus, UPC 728177010157.

NutriBiotics makes a liquid Grapefruit Seed Extract (UPC 728177010003), which I also use. 10-15 drops in water 2-4 times a day.

NOTE: I don't take any prescription drugs that Grapefruit Seed Extract might interfere with.

Olive Leaf Extract:

This is a broad-spectrum antiviral, antifungal, and antibacterial herb that I have used effectively many times. It is one of my first-line supplements, and I take it at the first sign of illness. Gaia Herbs Olive Leaf Extract, UPC 751063145817.

Onions:

My amateur herbalist friend has told me that it may be possible to prevent or treat a viral infection by placing enough slices of raw/pungent (not sweet) yellow onion to cover the sole of each foot, drawing a sock up over the slices and foot, and then going to bed with these slices held against the soles of the feet by the sock overnight. She has used this technique and reports that the two children she used it on woke the next day with only mild symptoms while the child she did not use this on woke with worse symptoms. As far as I can tell, it could be worth a try. Onions and garlic do have many healing properties and are storied treatments for hundreds of years. Here is a link to an article that explores some anecdotal information: <https://www.saratoga.com/healing-arts/2009/10/skip-the-flu-shot-try-an-onion/>

One Suggested Herbal Program for Children to Help Keep Them Healthy: [From my herbalist friend]

“Regarding children, ... I’d probably do the following:

- (1) Essential oil of Oregano, 1 drop diluted in several drops of olive oil and rubbed on the soles of the feet once or twice per day, for perhaps one week on and then one week off;
- (2) 1 teaspoon of elderberry syrup twice per day for months on end (taking one day off every week) [see Appendix B for recipe];
- (3) half teaspoon of cod liver oil once or twice daily during cold/flu season until they can get out and play in the sunshine on a regular basis (cod liver oil is really high in vitamins A and D₃... (Sonne’s and Rosita are good brands);
- (4) ... a few drops of a tincture of echinacea (with or without goldenseal) two or three times per day, perhaps two weeks on and then two weeks off during cold/flu season.”

HEAT, LUNG MIXES, AND EXPECTORANTS

The body uses fever to kill off some or all of an invading infectious agent. Therefore, the first step in treating an illness should be to allow my body to have the fever and not take anything that will reduce that fever unless and until that fever goes above 103-104 degrees. Ways to raise my body temperature are a hot bath or shower, a sauna, jacuzzi, and so on. When a person's internal body heat rises above 99 degrees, the body becomes much less hospitable to viruses. I gather near- and far-infrared saunas are particularly good for this and can be purchased for use at home.

We might also be able to benefit from the use of expectorants and heat as an at-home way to treat the illness. Perhaps sitting in warm showers or a hot bath periodically and using herbal or store-bought expectorants would help liquify the tough phlegm blocking the lungs, so that I have a real chance of developing a productive cough to expel some or all of that blockage. I have heard that some patients with Covid-19 have developed significant lung damage due to this dense, sticky mucus problem. Alveoli are small and delicate, and if they get filled and blocked for long enough, they may begin to fail. Liquifying and expelling the blocking phlegm as soon as possible appears to be a very important part of the process of healing a Covid-19 infection.

It is imperative to loosen this blocking mucus and expel it as quickly as possible, not only to improve breathing and stimulate the body's internal healing processes, but to avoid the development of secondary bacterial or fungal infections in the lungs and eventual serious damage to lung tissues.

Pharmacies carry products called expectorants. I tend to have issues with some of the extra chemicals in such formulas, so I lean toward herbal expectorants, such as Elderberry, or formulas designed to heal the lungs more generally, like Gaia Herbs' "Bronchial Wellness" formula (UPC 751063800020). See Appendix B for more information.

There are homeopathic remedies that help in the same way. My herbalist friend has said that for lung mucus with a cough, I could take Kali mur 6X and Nat sulph 6X together, while for lung mucus without a cough I could just take Kali mur 6X. See Appendix C for more information on these remedies.

I would combine these formulas with, say, warm saunas or showers, near- and far-infrared saunas, heating pads on the chest or back, lots of sunshine and warm weather to heat the body, whatever it takes to warm and relax the body and liquify this blocking mucus. In this case, a productive cough is probably a necessary prerequisite for healing. I think taking cough syrup to suppress any cough would be a very bad idea.

HOMEOPATHY

Homeopathic remedies can be used to treat many different illnesses and injuries. I have used common homeopathic remedies many times and quite successfully. However, I'm not any kind of expert on them, so I asked my herbalist friend, who is also a good amateur when it comes to homeopathy, to write about applicable remedies I might use. Please see Appendix C for her discussion. I will be buying at least some of these for my own use.

METHODS USING SPECIALTY EQUIPMENT

Nebulizer Use: Many viruses, including Covid-19, affect the lungs with serious consequences. It can be very difficult to treat secondary infections in lungs partially filled with fluid once those infections get established. In a true pandemic, someone who gets pneumonia or a fungal infection may not be able to get treatment from a doctor or at a hospital, all of which may be overwhelmed with equally sick patients. Proper use of a nebulizer and certain additives can help prevent the establishment of a secondary infection or, if one starts, can help control or even heal it.

The equipment needed is fairly common. Here are two such products my chiropractor has recommended:

- 1) MedNeb Compressor System for Adult and Child
https://www.amazon.com/MedNeb-Compressor-System-Adult-60HZ-Carry/dp/B084TS5KTN/ref=sr_1_21?keywords=Nebulizer&qid=1583774253&sr=8-21
- 2) Compact Electronic Cool Mist Generating Compressor
<https://www.amazon.com/MedNeb-Compressor-System-Adult-60HZ->

[Carry/dp/Bo84TS5KTN/ref=sr_1_21?keywords=Nebulizer&qid=1583774253&sr=8-21](https://www.amazon.com/dp/Bo84TS5KTN/ref=sr_1_21?keywords=Nebulizer&qid=1583774253&sr=8-21)

However, these both appear to be either out of stock or no longer available. Instead, I decided to try a handheld nebulizer, available here:

https://smile.amazon.com/gp/product/Bo86WVGDD8/ref=ppx_yo_dt_b_asin_title_ooo_soo?ie=UTF8&psc=1

Here are two additives I could use:

1) Colloidal Silver Inhalation: Colloidal silver solutions can be taken orally or placed in the nebulizer and breathed into the lungs regularly. Colloidal silver is particularly effective against the kind of infectious agents that can get into lung fluids and cause illness. I have used Sovereign Silver often in the past. Sovereign Silver, UPC 698798652039.

2) Liquid Glutathione: Compounding pharmacies can provide a liquid form of glutathione that can be nebulized into the lungs. This has been used successfully to help people with COPD and possibly also Cystic Fibrosis. I have not yet found a source for this, and I do think it requires a prescription from a doctor. I'm also trying to determine if the liquid glutathione at Amazon might work.

UV Photoluminescent Therapy: I do not currently have access to a health care person who can use photoluminescent therapy on me, but alternative MDs I trust have stated that it is very effective against many infectious agents, including viruses. In fact, it can be so effective that one session can stop the illness in its tracks. I've not done this myself yet, but I am always on the lookout for a doctor who is skilled in this technique. If I had a longer-term illness, using this therapy would likely be a very worthwhile experiment.

SUPER-OXYGENATION TECHNIQUES

Many illnesses, including viruses, can be controlled or deleted from the body using techniques that super-oxygenate the body. Often, infections will collect in areas of the body that do not get a normal or average influx of oxygen. Some infective agents such as all viruses are unusually vulnerable

to oxygen. Here are several methods of forcing large amounts of oxygen into all the tissues of the body.

Hyperbaric Oxygen Therapy (HBOT): As we have discussed in Chapter 4 above, whacking an illness with super-oxygenation could really knock down a viral load and solve the issue very quickly. I also see that HBOT can be used even very late in a difficult infection when most or all other treatments have failed, meaning when hypoxia or anoxia sets in. See this article for some details:

<https://articles.mercola.com/sites/articles/archive/2020/05/16/hyperbaric-oxygen-therapy-for-covid-19.aspx>

Ozonation: As in the above recommendation for hyperbaric oxygen therapy, ozonation oxygenates the body. Again, this is a technique I would like to pursue for various reasons but need to find a local practitioner to get a session or a few sessions according to the doctor's recommendation.

MORE ON VITAMINS

MultiVitaminMineral: Having a good base of nutrition helps everything work better. I've tested many multis and have settled on the products formulated and sold by Seeking Health here:

<https://www.seekinghealth.com/collections/multivitamins>

I use Optimal Multivitamin Plus.

Vitamin A: Measles is a virus that does its damage by depleting the body's stores of Vitamin A very rapidly. If one were to take 50-100,000 IUs of Vitamin A at the onset of measles, research has shown that there will be no problems getting through that disease safely and without damage, and lifelong immunity will be established - no vaccine needed. I don't know if taking that amount of Vitamin A when getting ill with any other virus would help, but I also doubt it would hurt. For this reason I would recommend taking 50-100,000 IUs of Vitamin A at the onset of the flu or Covid-19. Carlson Labs, Vitamin A, 25,000 IU, 250 Soft Gels, UPC 088395011320.

OTHER IDEAS TO CONSIDER

Support for the Liver:

- In any illness and as it is cured, a lot of biochemical debris gets created and has to be removed from the body. This can put quite a burden on the

liver. Avocados and milk thistle extract (silymarin) help support and protect my liver so it can do its task of filtering out that debris and disposing of it. In a severe illness, protecting the liver is very important.

- My herbalist friend wrote: “For those interested, this is super inexpensive to make if one can get hold of 75% grain alcohol from a local liquor store (or “party store,” as we call them here). Freshly ground milk thistle seed can also be consumed; and one well-known American herbalist, Richo Cech, states that this is the preferred way to use milk thistle. This is from p. 185 of his book Making Plant Medicine: “The seeds are ground in an electric coffee mill or grain-grinding mill and taken plain, mixed into yogurt, or sprinkled on cereal... The whole seeds are naturally protected against rancidity, but the seed flour can easily go rancid--therefore, the seeds need to be stored whole and ground only as needed. The dosage is 1 tablespoonful (~8 g) twice daily, which is equivalent to a daily intake of 400 mg of pure silymarin (but better, due to the superiority of the whole herb that represents the entire array of constituents).”

Herbal and True Teas:

Teas can be helpful in two ways. First, some teas have antiviral activities. Second, the heat of the teas can raise the temperature of throat tissues, and we already know that heat denatures viruses. Remember, the first place Covid-19 viruses land and stay and multiply usually is in the throat, replicating for around 5 days before dropping down into the GI tract or the lungs. Hot teas with antiviral effects are a good way to reduce the store of viruses that build up in the throat. This can be done prophylactically during illness seasons, and it can be done whenever I feel even a little discomfort in my throat.

- Lemon balm tea (or take it in capsule form). I have not tried this, but I understand it has antiviral effects. My herbalist friend says, “Tea would be better than capsules because herbs in gel-caps lose potency much faster than do herbs in cut-and-sifted form, and they are much more expensive than buying the herb in bulk (4-oz, 8-oz, or 16-oz bags). As an added bonus, lemon balm tea is delicious either hot or iced.”

- Any true tea (black, green, or oolong) but without any milk or other additives. True teas have antiviral effects, and taste good, too. I like green teas as probably the most effective form.

I would re-emphasize the importance of treating the throat itself if Covid-19 begins building up there in the initial stage of infection. These teas, if drunk slowly and frequently during the day, may help minimize the load of viruses building there before they drop down into the lungs or GI tract.

Biocidin or Other Biofilm-Removing Treatments:

Some infectious agents can create new biofilms or use existing ones, a mechanism they use to protect themselves from agents that might otherwise destroy them. Biocidin helps the body remove biofilms so that infectious agents can be exposed and killed off more easily. Here is the Amazon link for one such product:

https://smile.amazon.com/Bio-Botanical-Research-Broad-Spectrum-Botanical-Combination/dp/B079VRX4ZY/ref=sr_1_2?keywords=biocidin&qid=1584990296&sr=8-2

Keep Sinuses, Nose and Mouth Clean: I have used Xlear nasal spray to keep my nasal mucous membranes clear of viruses. Xlear contains xylitol, which keeps some bugs from attaching themselves to mucus membranes. If I don't have any Xlear, I have some xylitol, which I can mix with some water and a little salt, and sniff it in. I do take care to make sure the water is pure and free of parasites. Oral health is also important. Taking a small amount of xylitol in the mouth can diminish the population of bad bacteria there and perhaps indirectly help reduce viral build-up in the throat.

Sleep and Stress Reduction: When I get sick, I often find I have gotten run down with lack of sleep beforehand. To me, illness is often a marker signal for me, telling me that I need to slow down, to relax, rest, sleep a lot, and generally reduce the stresses of my life at least temporarily. By sleeping and reducing stress, I help to strengthen my immune system so that it has a better chance to fight off the illness. Of course, if I keep up on my sleep and keep stress low during periods of good health, my immune system won't get run down and will be much more able to fight off a new illness if one should appear. This applies to any illness, from simple colds to high-risk illnesses.

Eat Less Food and Eat Quality Food

- *Eat less food than normal, make that food high in quality, and remember to avoid *all* sugar, flour, and any other high-glycemic-load carbohydrates before and in the early stages of a viral illness, because*

they reduce immune function for several hours after I eat them and compete against Vitamin C.

• My herbalist friend pointed out that we all have access to foods that contain significant amounts of the vitamins and minerals separately noted elsewhere in this document (for example, Vitamin A, which is not in my basic program above but would be good to take). Below is an edited version of her list of such foods. Just remember to eat organic, grass-fed or other high-quality foods and not poor-quality foods. One of the factors identified as contributing to more severe cases of Covid-19 is junk food.

(1) Vitamin D3: Egg yolks, liver, desiccated liver powder (available online from Radiant Life), cod liver oil (Sonne's is a good brand that's not too expensive; it is available online from Vitacost and Swanson);

(2) Vitamin K2 (MK-7): Egg yolks, liver, desiccated liver powder, cod liver oil;

(3) B complex: Eggs, liver from any animal (beef, chicken, lamb, etc.), desiccated liver powder, salmon, beef, milk, yogurt, nutritional yeast;

(4) Selenium: Egg yolks, beef liver, desiccated liver powder, salmon, chicken, turkey; [I would add brazil nuts];

(5) Vitamin A: Eggs, liver, desiccated liver powder, cod liver oil, mackerel, salmon, butter, cheese, leafy greens (such as kale, collards, mustard, turnip, dandelion), sweet red peppers, winter squash (such as acorn, butternut, and pumpkin).

During meals which contain foods high in the fat-soluble vitamins D3, K2, and A, it is important to also eat some fat. Otherwise, the body will not be able to store any excess [of these] vitamins not needed right then.

Stick with healthy fats like grass-fed butter, saturated fats as in grass-fed and organic meats and fish and in coconut oil, and mono-unsaturated oils like olive oil, macadamia oil and most other nut oils, avocado oil, and cod liver oil. Avoid polyunsaturated oils, trans fats, and any oil or fat that has gone rancid.

CHAPTER 7

HOW TO PREVENT OR TREAT SEPSIS (CYTOKINE STORM)

In the midst of a pandemic, I may get sick and be at risk of a cytokine storm or sepsis. In fact, it appears that Covid-19 actually triggers a cytokine storm as part of its attack against a human body.

If a cytokine storm begins, whether locally or systemically, then I will need to load my system with anti-inflammatories and anti-oxidants, especially Vitamin C. Cytokine storms do much of their damage via inflammation so extreme that organs shut down. In most cases hospitals and doctors would only be able to palliate my storm symptoms if a storm begins in me. In other words, they would put me on machines to keep me alive while I go through the storm. If I still have organ function after the storm passes, I live, possibly with severe permanent damage and handicaps. Sepsis can leave massive damage.

That means that I need to be prepared, should a risk of a storm arise for me, to help my immune system wake up quickly and stay regulated. It also means that I need to know how to treat a cytokine storm should one start.

On the first matter, I need to know how to keep my immune system properly regulated so that it does not panic if faced with whole-body infection or the localized triggering created by Covid-19. As I've described above in other chapters, I already know how to take actions that will slow the replication of viruses and help strengthen and wake up my immune system. I've also investigated other actions to take to keep my immune system regulated, such as taking Vitamin B6 or its active form, P5P. Vitamins C and D3, as well as C60 fullerenes in coconut oil, act directly to calm and regulate the immune system.

Very importantly and specifically for Covid-19, though, which triggers NLRP3 inflammasomes, I have to take direct measures to inhibit the triggering of the NLRP3 inflammasomes. That means high doses of Melatonin (probably in powder form) which directly inhibits the process the Covid-19 virus uses to trigger NLRP3 inflammasomes.

On the second matter, though, I need to explore more fully how to tamp down the EFFECTS of a storm. What I've found so far:

- Oral Vitamin C (preferably liposomal) or high-dose intravenous Vitamin C will calm the immune system and re-regulate it even after a storm starts, and it can also reduce inflammation and minimize damage to the body.
- Lots of turmeric/curcumin will reduce inflammation and help my immune system regain proper regulation.
- Fish or Krill oil, which are anti-inflammatories.
- Thiamine (Vitamin B1) is needed.
- White willow bark (where aspirin came from) is a powerful anti-inflammatory.
- Other anti-oxidants and anti-inflammatories like C60 fullerenes in coconut oil, astaxanthin, etc., also reduce inflammation and can help the immune system re-regulate itself.
- Nattokinase when the case is serious, in order to prevent or bust any blood clots that may form due to inflammation or cytotoxicity.
- Anti-virals like Olive Leaf Extract and Grapefruit Seed Extract help take some of the load off of the immune system.
- Green Tea reduces inflammation.
- Melatonin to inhibit the triggering of NLRP3 inflammasomes.
- And reduce or eliminate the ingestion of substances that cause inflammation, like polyunsaturated vegetable oils and carbs like sugar.

The Marik Protocol:

Recent reports exist for a protocol to treat sepsis that was created by Dr. Paul Marik (mentioned above for his Covid-19 protocol). He uses intravenous Vitamin C plus Thiamine (vitamin B-1) plus hydrocortisone over a two-day period (at least two days) and has found that this simple

cocktail cured sepsis in all of the septic patients he treated, although some people still died of their underlying disease.

The dosages used by Marik for adult patients are 200 mg of thiamine every 12 hours, 1,500 mg of ascorbic acid every six hours, and 50 mg of hydrocortisone every six hours for two days, which reduced mortality from 40% to 8.5%. (Note that I believe this is supplied intravenously.) This simple protocol could save literally millions of people every year. Yet I have to report that few doctors or hospitals are trying this protocol at this time, because it is not accepted as a standard of care - yet.

The effectiveness of the Marik Protocol is huge news and should spread to all hospitals eventually. Unfortunately, in the midst of a pandemic, I may not be able to go to the hospital for treatment because the system will probably be overloaded, and of course, most hospitals don't currently use the Marik Protocol.

So I need an at-home protocol anyone like me can use. It's actually not that hard to develop one:

- 1) I need to take lots of Vitamin C orally in any form, up to 25 grams a day or more to bowel tolerance in the form of sodium ascorbate powder or better, of liposomal C or IV C.
- 2) I also need to take a strong B-Complex capsule or a strong B-1 capsule or powder dose (preferably melted on the tongue for best absorption). The B Complex cap I use contains 100mg of Thiamine, so I would take 1 cap of this every 6 hours.
- 3) Finally, I would add as many anti-inflammatories as I can get hold of in order to get the same effect against inflammation as would be provided by the hydrocortisone part of the Marik protocol.

Original reports said that steroids like hydrocortisone should not be used to treat a Covid-19 infection, but Marik has found very much the opposite. Inflammation is a huge issue in Covid-19 cases, so we need to use whatever anti-inflammatories are available, whether drugs or natural substances like astaxanthin, to tamp down and control inflammation caused by the disease.

Buhner Protocols for Treating Cytokine Storms (Sepsis):

My herbalist friend has told me that Buhner has herbal protocols for sepsis.

Here is what my friend says: “Regarding cytokine storms: Buhner's book "Herbal Antivirals" has an excellent discussion of cytokine storms, as well as an herbal protocol for their treatment. See pp. 37-9, 52, 58, 86-7.”

I have not investigated this source yet, so I will simply refer you to Appendix A if you want information on how to find and buy Buhner’s book.

CHAPTER 8

HOW TO PREVENT OR TREAT A SECONDARY INFECTION

Anyone who gets infected with a severe viral illness can develop secondary infections. (Such infections are separate from any risk of a cytokine storm from the virus itself, but they can add to the risk of a cytokine storm.)

Secondary infections can damage or kill a person, even if the original viral infection is not generally fatal. In fact, I gather that that may actually be how most people do die of viral illnesses, absent a cytokine storm.

Keep in mind that antibiotics work against bacterial infections and antifungals work against fungal infections. NEITHER will work against a VIRAL illness. Antibiotics and anti-fungals are generally prescribed for such secondary infections. However, secondary infections are currently treated in-hospital, since they can raise the risk of death so much higher than for a purely viral illness.

I always remember that the best way to prevent secondary infections is to build my immune system and prevent viral replication in the first place.

A number of the recommendations made in the preceding chapters will also help prevent or treat a secondary infection, principally by improving the strength of my immune system but sometimes by directly attacking the infectious agent itself. Alternative treatments for secondary infections include but are not limited to liposomal or high-dose intravenous Vitamin C, colloidal silver nebulized into the lungs, frequency-specific microcurrent, and UV photoluminescent therapy mentioned above. Hyperbaric Oxygen Therapy (HBOT) can help reduce bacterial loads, but it doesn't eliminate bacteria the way it can eliminate viruses. I believe ozonation, on the other hand, might work effectively against the secondary infections, but I would need to work with a doctor skilled at ozonation to be able to benefit. However, if the above techniques don't work, a strong antibiotic or antifungal may be needed. Here are a few ideas:

Herbal Antibiotics:

This is always my first choice for antibiotics, but I rely on my herbalist friend for the details and need to do more studying of these alternatives.

Here is what she has told me: “In his book, "Herbal Antibiotics, 2nd Edition," Buhner discusses, among other things, four broad-spectrum herbal antibiotics. These herbs, when combined with a synergist like licorice, are often effective against gram-positive and gram-negative bacteria. These herbs are *Cryptolepis sanguinolenta*, *Sida acuta* or *Sida cordifolia* (*acuta* is preferred but costs more), *Bidens pilosa*, and *Alchornea cordifolia*. Usually one or the other of these herbs is used; they do not generally need to be used in combination with each other. In the book, Buhner gives protocols for very many bacterial diseases, as well as directions for how and in what form to use the various herbs (tincture, tea, capsule, etc.) and directions for making the tinctures. These herbs are super hard to find; but for now, all of them are available from Mond Trading Company in Toronto, which sells through both Herbie's Herbs and Monteagle Herbs online. I usually order from Herbie's because their prices are often a bit lower.” (Again, see Appendix B for more on herbs.)

This is an area I need to learn more about and figure out what to have on hand. At the moment I rely mostly on Olive Leaf Extract and Grapefruit Seed extract and need to have a larger repertoire.

I would add that I mention below how colloidal silver increases the effectiveness of any prescription antibiotic and think that taking colloidal silver with these herbal antibiotics could increase their effectiveness as well. However, that is speculation on my part.

Pharmaceutical Antibiotics:

Herbals are my first line of offense against a secondary infection. However, if I don't have them, I will have to fall back on pharmaceutical antibiotics as a last resort.

Unlike herbal antibiotics, this type of antibiotics is a double-edged sword. If I pick the right one for my infection (not a sure thing), then I will have a leg up on the infection.

The first step is to have such products available for my use when the chips are down. For pharmaceutical antibiotics I stockpile Amoxicillin or whatever other antibiotic I can get my hands on (except Doxycycline and

other cyclines, which I gather degrade into dangerous compounds after about a year).

If I do take such an antibiotic, I also know to take colloidal silver (not silver protein mixes) at the same time as I take the antibiotic. According to research results, silver is known to increase the potency of antibiotics by 100 to 1000 times, which is amazing. The silver also makes gram-negative and resistant bacteria vulnerable to antibiotics that would otherwise not work on them. In general, I always take colloidal silver with any antibiotic I may use.

Now for the “double-edged sword” side of things. Pharmaceutical antibiotics kill all the bugs in my body, including the good bugs in my gut, in my mouth, and on my skin. Over the long-term, this is very bad for my health and leaves me open to getting a C. difficile infection in my intestines.

After a course of antibiotics, I always take a probiotic called Saccharomyces boulardii to help stabilize my gut microbiome as my gut repopulates. I take this for at least 8 months and usually 12 months. Another good one is Bacillus coagulans, which helps the gut repopulate with good bugs and control bad bugs, essentially by getting all of them to get along nicely with each other. Again, I take this for 8-12 months and periodically thereafter. Also, right away I eat fermented foods and take a general probiotic, and I take a B-Complex capsule for at least 3 months to feed the good bacteria and help them become the dominant population.

Finally, given the recent headlines that Covid-19 illnesses may respond very well to a combination of two drugs, I think it safe to add Azithromycin to the list of effective prescription antibiotics worth trying or storing.

CHAPTER 9

CONCLUSION

Regardless of whether SARS-CoV-2 and its associated illness, Covid-19, become an important part of human history or fade away without further suffering, I hope my discussion of how I take care of myself when faced with viral illnesses and their related issues will prove useful to you, my reader, in some way in the future.

This document contains a lot of good information that you can apply on your own and in conjunction with your doctor and other healthcare practitioners. As I said early on, some of these ideas can be applied without involving any medically trained personnel, but I do recommend that you view my document as opinion, information, and ideas that can help you work more appropriately and effectively with your doctor.

Finally, I want to emphasize yet again how we have now shared very powerful healing information that could mean viral illnesses could truly fade away over the next couple decades as some of these methods spread throughout the world. I don't want this wonderful news to get lost in the exigencies of our current world situation. Although it can be hard to see this, we now have a real opportunity to open up our medical system, bring these wonderful techniques into general and widespread use, and remove most viruses and their illnesses from human experience forever.

In closing, I want to point out that I know two people just in my immediate circle of friends who have healing charisms which enable them to help people heal through intuitive diagnosis, laying on of hands healing, and prayer. If I know two such people, I believe that if you ask around, you may find people with those skills or charisms near you as well.

In these critical times and if all else fails, remember miracles do happen.

Ask for help, and God will provide.

It just might not be in exactly the way you expect it to happen.

BIBLIOGRAPHIC NOTES

Note 2-CNS: <https://www.zerohedge.com/health/beijing-hospital-confirms-covid-19-attacks-central-nervous-system>

Note 2-VAR: <https://www.zerohedge.com/health/scientists-discover-more-aggressive-strain-coronavirus-responsible-70-current-infections>

Note 4-G6PD for Cautionary Test for Hemolytic Anemia:

From

<https://articles.mercola.com/sites/articles/archive/2020/04/07/coronavirus-treatment.aspx>

“The only contraindication to high-dose vitamin C treatment is if you are glucose-6-phosphate dehydrogenase (G6PD) deficient, which is a genetic disorder. G6PD is required for your body to produce NADPH, which is necessary to transfer reductive potential to keep antioxidants, such as vitamin C, functional. Because your red blood cells do not contain any mitochondria, the only way it can provide reduced glutathione is through NADPH, and since a deficiency of G6PD eliminates this, it causes red blood cells to rupture due to inability to compensate for oxidative stress. Fortunately, G6PD deficiency is relatively uncommon, and can be tested for.”

If you have any reason to believe that you may have this genetic flaw, please get tested. Hemolytic anemia is not a huge deal but is not to be trifled with.

Note 4-Kinase:

<https://articles.mercola.com/sites/articles/archive/2020/05/09/natural-treatment-for-blood-clots.aspx>

Discusses options for treating the clotting issue that often arises in Covid-19 cases: Nattokinase and Lumbrokinase.

APPENDIX A

List of Recommended Books

Herbal Antibiotics

Author: Stephen Harrod Buhner

https://smile.amazon.com/Herbal-Antibiotics-2nd-Alternatives-Drug-resistant/dp/1603429875/ref=sr_1_1?keywords=1603429875&qid=1583985211&sr=8-1

Herbal Antivirals

Author: Stephen Harrod Buhner

https://smile.amazon.com/gp/product/1612121608/ref=db_s_a_def_rwt_b_ibl_vppi_io

Making Plant Medicine

Author: Richo Cech

https://smile.amazon.com/Making-Plant-Medicine-Richo-Cech/dp/0970031238/ref=sr_1_1?keywords=0970031238&qid=1583985317&s=books&sr=1-1

Curing the Incurable: Vitamin C, Infectious Diseases, and Toxins

(And

Primal Panacea)

Author: Thomas Levy (Anything by Levy is worth reading)

<https://www.amazon.com/Curing-Incurable-Vitamin-Infectious-Diseases/dp/1401069630#>

APPENDIX B

Herbal Remedies Specific for Viruses and SARS-Like Illnesses

According to a friend of mine who is an amateur herbalist, there is a set of five herbs that could be particularly helpful in treating Covid-19. Below is a slightly edited version of what she wrote to me about these herbs:

My Friend's Words:

“According to Stephen Harrod Buhner's book "Herbal Antivirals," there are several herbs that are active against enveloped viruses [like Covid-19]:

(1) Chinese skullcap, also known as baikal skullcap (*Skutellaria baicalensis*), which Buhner describes as a "major broad-spectrum antiviral," is also helpful for secondary bacterial infections especially when combined with licorice and one of the broad-spectrum antibiotic herbs discussed in Chapter 13 [Herbal Antibiotics section], and Buhner says, “It should be used in any treatment of viral or bacterial CNS infection;

(2) Licorice (*Glycyrrhiza glabra*), another "major broad-spectrum antiviral" which is also a pretty powerful synergist. Buhner states, "Chinese skullcap and licorice in combination should be considered the main antivirals to use for any viral infection";

(3) Isatis (*Isatis indigotica* or *Isatis tinctoria*, either will do), another broad-spectrum antiviral which happens to be "strongly specific" for SARS, a coronavirus related to Covid-19;

(4) Houttuynia, also known as fish mint or chameleon plant (*Houttuynia cordata*), a "moderately broad-spectrum antiviral" which has also been shown to be active against SARS-related coronaviruses; and

(5) Elder (*Sambucus nigra* or *Sambucus canadensis*, either will do), known to most people as elderberry or elder flowers, which Buhner describes as a "narrow-spectrum antiviral but a fairly good one in its range."

Buhner considers Elder to be the weakest of the five herbs, but it's the one that is both the most widely available and the cheapest. For treatment of a serious respiratory illness, he says to use this if you have none of the other herbs; and that it will be helpful if you start taking it at the very first

moment that you suspect that you have a cold or flu. The good news, though, is that it can be taken prophylactically, which makes it incredibly useful for those who are trying to keep from getting sick in the first place.

[...] Buhner's book has detailed instructions on the preparation of the teas and tinctures, as well as detailed protocols for several illnesses including the flu and SARS. Elderberries and elder flowers are both available by the pound from many sources, but elderberries are more medicinally active than are the flowers. They can be purchased from Vitacost.com (the best price and the most reasonable shipping charges), Mountain Rose Herbs, Starwest Botanicals, and stores such as Whole Foods and Better Health (usually in the bulk-bin herb section).

[Breaking in – I'm going to reformat and edit my herbalist friend's recipe and advice for making elderberry syrup:]

Making the syrup is pretty simple, and the homemade syrup is just as effective as the store-bought stuff while costing about 75% less. To make 2 quarts of syrup:

- Soak 8 oz of dried elderberries in 2 qts of cold water overnight or for 7-8 hours.
- Pour the mix into a pan, cover, bring to a boil, then simmer uncovered until the liquid is reduced by about 2/3. (Some people like to add ginger, cinnamon, echinacea, or other herbs to their simmering berries.)
- Cool, then strain the liquid and berries through a sieve, using a sturdy spoon to press as much juice out of the berries as possible, leaving what should be about 2 1/2 cups of liquid. If the amount is less than 2 1/2 cups, add water to get to 2 1/2 cups. Throw the berries away.
- If you have 2 1/2 cups of juice, add 5 cups of honey. If you ended up with more than 2 1/2 cups of juice, simply add twice as much honey by volume. Use raw honey if possible, but if the syrup will be given to children under the age of 2 years, use pasteurized honey only.
- Heat the mixture of juice and honey while stirring and constantly checking the temperature so that it doesn't get hotter than bath water if you are using raw honey. If you are using pasteurized honey, the temperature can go higher, provided that the honey does not get scorched.
- Once the mixture is warm enough and all the honey is dissolved, pour the mix into two 2-quart jars. Label and date the jars and store in the

refrigerator. The jars should keep for at least 3 months, although I have often had it stay good for 2 or even 3 times as long.

Dosage for prophylactic use would be, say, 1 1/2 teaspoons for adults or 1 teaspoon for kids (less for small kids), taken twice daily, six days per week (most herbalists will recommend taking a "rest day"; my family usually rests from our daily herbs on Sundays). For treatment of a cold or flu, I double my dosage and take it every 2-4 hours from the first moment I realize I'm ill.

Elderberry syrup can also be canned and kept shelf-stable for up to a year. Here are the directions from the book from which I got the recipe ("Making Plant Medicine," by Richo Cech): "Heat the [juice/honey] mixture until [the honey] incorporates completely. The temperature of the honey should not exceed 110 degrees Fahrenheit. Do not simmer or boil [the mix]. High temperatures will denature the honey. Remove the hot syrup from the heat and pour into sterilized canning jars. Cap tightly with sterilized lids, label appropriately, and store in a cool, dry place, out of the light.... Keep opened containers under refrigeration. The syrup must be discarded if mold appears on the surface."

[Specific Expectorant] Herbs: garlic, lavender (essential oil diluted in olive or coconut oil could be rubbed on the chest and back), peppermint (not to be used by children younger than 3 years; herb can be made into a tea, and the essential oil can be used as a back and chest rub if diluted), plantain (the common lawn weed), mullein leaf, thyme, nettles, and violet leaf and flower (another common lawn weed)."

[[END]]

APPENDIX C

Homeopathic Guidelines for Treatments and Vaccinations

I'm not an expert on homeopathic treatments, although I have used such treatments myself for many issues over the past several decades. I certainly respect Homeopathy's ability to help people heal.

To get some good homeopathic ideas into this document I asked a friend of mine who is much more knowledgeable than I to write up some guidelines on how I might use homeopathy to deal with a viral illness like Covid-19. Here is a slightly edited version of what she wrote:

My Friend's Words:

"While I was mulling over how to write about Covid-19 prophylaxis and treatment from a homeopathic perspective, the homeopath from whom I've been taking classes for the past few years posted an excellent article on her website. It's concise, and I certainly couldn't have said it any better myself. ... Here's the link, so that you can see what she said:

https://joettecalabrese.com/blog/ferocious-flu-fears/?inf_contact_key=ceb4a73ad6ec60e9c048488777a3b3ed68of8914173f9191b1c0223e6831obb1

At the end of the article but before the comments (which I always read because Joette often answers people's questions about what she has said in the article), there's a box with a red dotted line around it, [which] says "Remedy Cards." These cards are nice, because each remedy discussed in the article is put on its own "index card" that can be copied separately. Usually, one has to enter one's name and e-mail address in order to get these cards. But given that people might not want to end up on her e-mail list, I've copied that link below:

https://is-hosted-page-api-prod.appspot.com/api/v1/public/page/5118862569766912/?inf_contact_key=e425ad71772f708ee15e1a7f4b790fe668of8914173f9191b1c0223e6831obb1

As far as where the remedies may be purchased, Joette's article has all of the remedies written in blue type [hyperlinks]. Th[ese take you to] BoironUSA, one of the world's premier homeopathic manufacturers [...]. The remedies are also available through Amazon, and some of them are available at Vitacost.com; but if one clicks on the [BoironUSA] link in Joette's article and then enters "Joette" in the "coupon code" box, he gets a 20% discount and free shipping (by the way, Joette gets no monetary compensation for this; it's just a nice thing that she has negotiated with Boiron for the readers of her blog).

Regarding the dosing directions on the Boiron bottles: They say to take 5 pellets per dose, three times a day. However, the frequency will be determined by the protocol that Joette details in her article. And most people find that they can take one or two pellets and get the same results as with taking five. At my house, we usually take one pellet per dose, and that has always been fine. Thus we get 80 doses, rather than 16, out of one remedy bottle.

It's the same with Oscilloccinum, which is used to prevent or treat colds and flus (provided it is taken within the first 48 hours, and preferably at the first sign, of onset of symptoms). The directions on the box say that one small vial of pellets equals one dose. There are hundreds of tiny pellets in the vial. I have read many examples of people who take just a few pellets per dose, and they've had good results. In fact, at my house we use 3 or 4 pellets, and it's been fine. Thus, a 12-"dose" box of Oscilloccinum should last [my] family pert near forever. I should also mention that although Oscilloccinum is generally marketed for the flu, it is also very effective against colds if taken right when [I start feeling ill].

[In] your document, you discuss the use of potassium iodide as prophylaxis when airplane travel is necessary. Another option would be to use Arsenicum 30C or 30X (Joette discusses this remedy in her article). If it were me, I'd probably take it twice daily, starting the day before the flight and continuing for perhaps 4 or 5 days after the flight. One upside to this approach is that Arsenicum 30 is inexpensive (especially Hyland's Arsenicum 30X from Vitacost, which costs under \$9 for 250 pellets), and there's no risk of thyroid impact.

Lastly, regarding the real possibility that the government could mandate vaccinations at some point, there are inexpensive homeopathic protocols

that can help protect against adverse reactions and vaccine damage. The following protocol is one from Joette; it involves the remedies Hypericum 1M, Ledum 1M, and Silica 200C (all of which are available from Helios Homeopathy in England, for a total of about \$42, including the shipping; here's the link: <https://www.helios.co.uk/>). (As an aside, if anybody wants to order from Helios, the "form" should be "granules"; the "size" should usually be "14 g"; and the "potency" is whatever the protocol requires. The dose is 3-4 granules. These remedies are also available from Washington Homeopathics, an American company, at this link: <https://www.homeopathyworks.com/> . Although with shipping it would total about \$52, the remedies would probably arrive sooner than if ordered from Helios.

... Here's [Joette's] protocol:

- (1) 24 hours prior to the vaccine, take Hypericum and Ledum simultaneously. Repeat every 2 hours (except when sleeping) until immediately before the injection.
- (2) Immediately after the injection, resume taking the Hypericum-Ledum combination every 2 hours; continue for 48 hours after the injection (and for longer if the injection site is still painful after 48 hours).
- (3) Within 24 hours AFTER the vaccine, take one dose of Silica. Do not take it at the same time as the Hypericum-Ledum combination; it should be taken at least 15 minutes away from those.

That is the basic protocol [Joette recommends]. Other things can be added to it, if one wishes. For example:

- (4) Vitamin C can be used thusly: One month before the vaccination date (if [I have] that kind of lead time), take 1,000 mg twice daily. Two weeks before the vaccination, take 2,000 mg twice daily; and one week before the vaccination, take 3,000 mg twice daily. [I would] continue taking Vitamin C twice daily for at least one month after the vaccination. (Note: Joette doesn't tell how many milligrams of Vitamin C are in the post-vaccination dose; I would guess that it would be to bowel tolerance? Also, as Dr. Levy discusses in "Primal Panacea," I would not take the 1,000- or whatever-milligram dose all at once; I would take it by spoonful or sips every few minutes until the dose was gone.)

(5) Food-grade diatomaceous earth, bentonite clay, or activated charcoal can be mixed with water and drunk for several days after a vaccination. These will adsorb ... the toxins and eliminate them from the body through the intestinal tract. If it were me, I'd probably do bentonite and charcoal each once per day--one in the morning and one in the evening for a day or two before the vaccination, on the day of vaccination, and for a week or two after the vaccination.

- Bentonite clay is available here: <https://www.vitacost.com/redmond-trading-company-bentonite-clay-soothing-facial-mask>;

- Activated charcoal is available here: <https://www.buyactivatedcharcoal.com/buy-bulk-activated-charcoal/powder-activated-charcoal/hardwood-neutral-ph-164.html>.

(6) Mercurius viv 30C or 30X (both are available from [Vitacost.com](https://www.vitacost.com)) can be taken as soon as possible after the vaccination, particularly if one is experiencing any neurological symptoms such as seizures, severe headache, or high-pitched screaming (which can happen with infants and toddlers).

[Finally, everyone should keep in mind] that when one is using homeopathic remedies, one needs to avoid food/beverages/essential oils/air fresheners/toothpaste/etc. that contain peppermint, spearmint, eucalyptus, menthol, and tea tree oil all of which can antidote homeopathic remedies, possibly rendering them ineffective.

[A note on homeopathic expectorants: Expectorant] Homeopathics: Kali mur 6X and Nat sulph 6X can be used separately or together when the lungs have thick mucus/phlegm which the patient is having trouble eliminating. At my house, we tend to use them together if the person has a cough that is rattling but unproductive. If there's no cough, then we use Kali mur by itself. On an interesting note, Kali mur is one of the remedies listed in the SARS protocol discussed in Joette Calabrese's article about Covid-19.”

[[END]]